

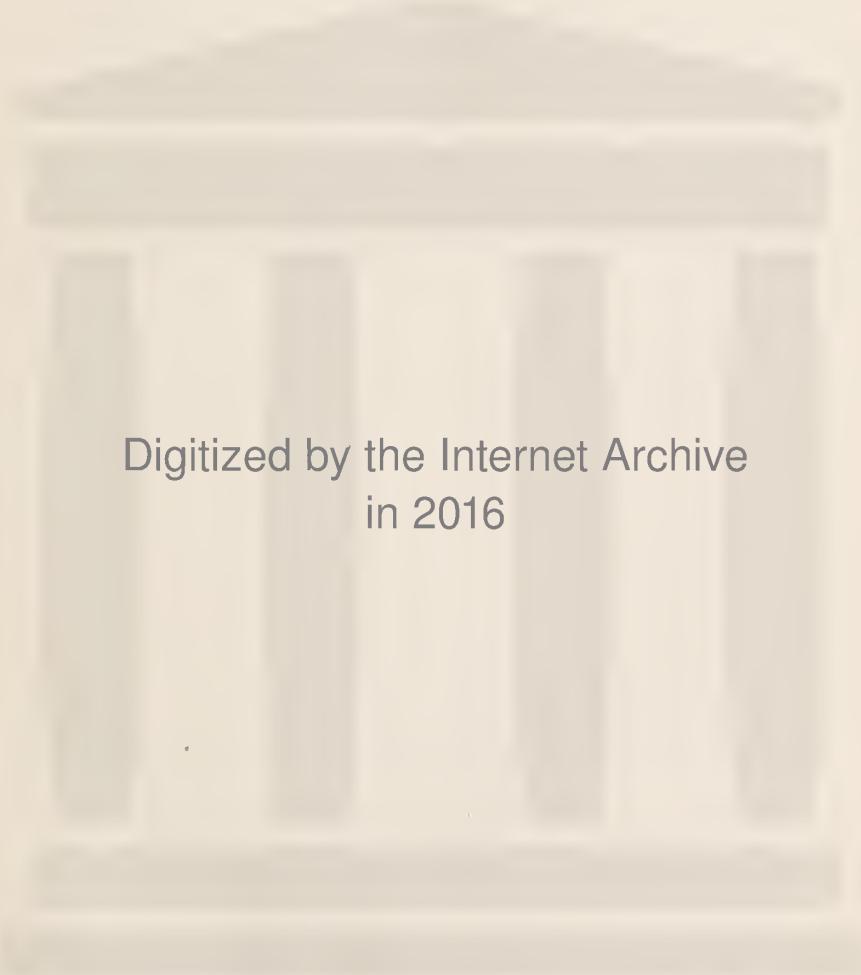
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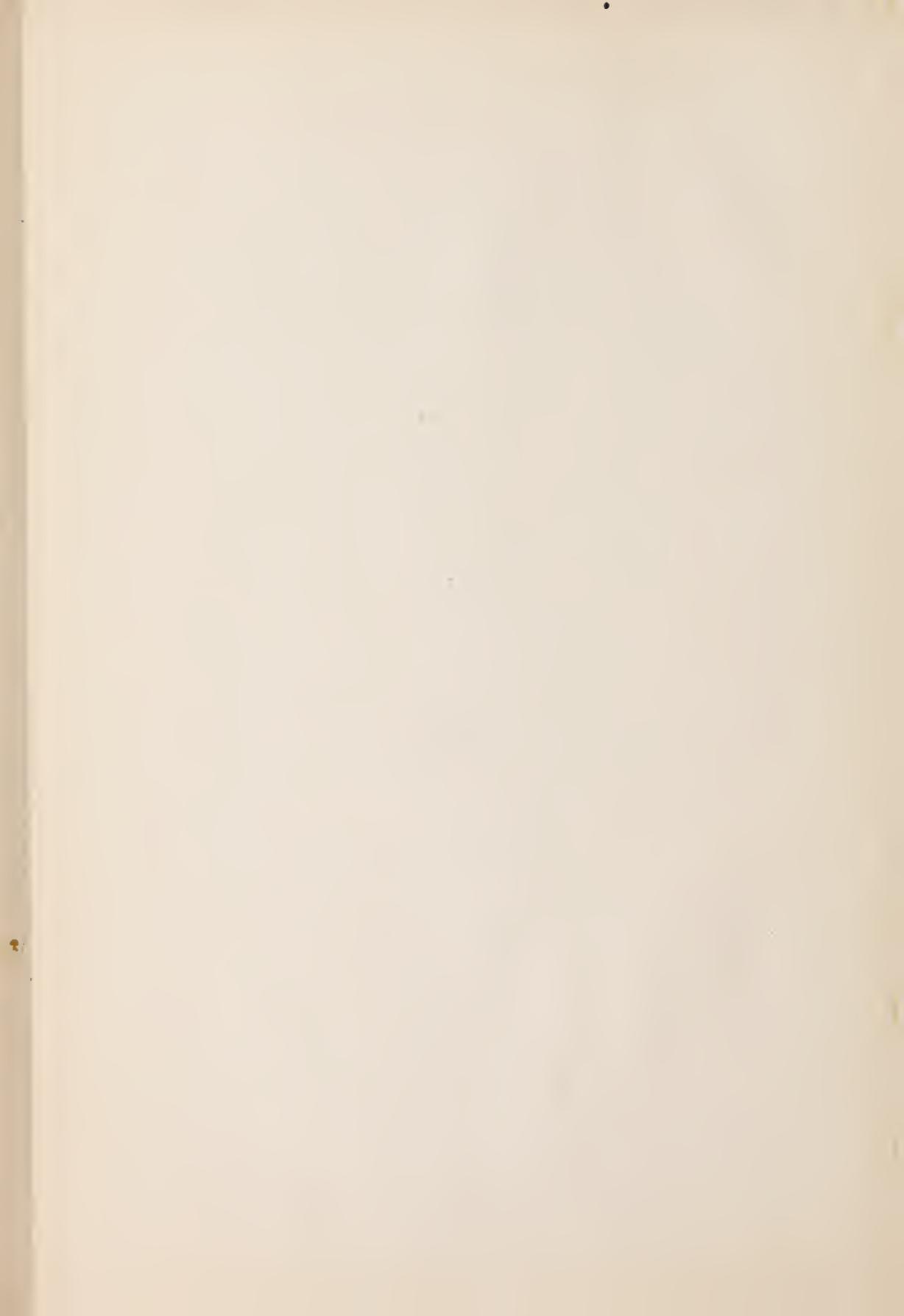
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THE BULLETIN

OF THE

Medical and Chirurgical Faculty of Maryland



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VOL. XII

JULY, 1919

No. 1

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Regular Examinations.—Examinations are held in Baltimore. Third Tuesday in June for four consecutive days. Second Tuesday in December for four consecutive days.

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SIR WILLIAM OSLER

This picture was taken in October, 1905, just after Dr. Osler went to Oxford

THE BULLETIN
OF THE
**MEDICAL AND CHIRURGICAL FACULTY
OF MARYLAND**

CONTROLLED BY THE COUNCIL AND EDITED BY A COUNCILLOR,
DR. CHARLES O'DONOVAN

PUBLISHED MONTHLY EXCEPT JUNE, JULY, AUGUST AND SEPTEMBER

VOL. XII

BALTIMORE, JULY, 1919

No. 1

THE OSLER NUMBER.

Every member of the Faculty knows that on July 12 "The Chief" will celebrate his seventieth birthday. It is not possible for his friends to express adequately their congratulations and love. No one who knew Osler personally, and that means was helped by him, will ever forget the debt of gratitude we owe him. This Faculty in particular has always been especially favored by him and on the occasion of the Annual Meeting a cablegram was sent him. Certain publications are getting out special Osler numbers in July to express the feelings of the medical profession and to do him honor. Amongst these are the *Annals of Medical History*, the *Southern Medical Journal*, the *Bulletin of the Johns Hopkins Hospital*, and this little BULLETIN of ours. The material used in this is largely taken from articles appearing elsewhere, but which are of peculiar interest to our members.

To Sir William Osler we can only express again the message which was cabled him as follows:

SIR WILLIAM OSLER,
Oxford, England.

Medical Chirurgical Faculty in session unanimously extends to the Chief on his seventieth anniversary year greetings, congratulations and love.

RUHRÄH,
President.

INFLUENCE IN BUILDING UP THE MEDICAL AND CHIRURGICAL FACULTY.

BY HIRAM WOODS.

"Influence in building up the Medical and Chirurgical Faculty" is a theme one might approach from numerous paths. So great was Dr. Osler's influence, in so many directions did it work: so broad his conception of the possibilities for good in the organization, so keen his appreciation of the obstacles to progress, some traditional, some personal, that the many-sided subject is bound to appeal to his friends in different ways. Adequate organization of the library; revelation to the younger man of what the library in even those days afforded; provision for purchase of new books—these are themes which have been selected for special review and will be presented by Miss Noyes, Dr. Ruhräh and Dr. Chatard. I shall try to give some idea of his work from another standpoint—that of personal influence. Yet, with the selection of this special topic, I am aware that I shall speak from my own personal impressions and memory, and may fail to express the feelings of another, just as indebted to Dr. Osler as am I.

I have asked myself what were Dr. Osler's basic thoughts and principles in his work for, and devotion to, the State Medical Society? He held the most influential position medicine in Baltimore could give; he had at command greater powers than any one medical man had ever possessed in the city; his teaching and organization duties in the new medical school were exacting enough to take all his time, and yet he went to work on the State Society in a way which soon gathered recruits happy to work under—not his direction—but his mind and heart. What led him to do it? I think he felt, that the biggest medical foundation Baltimore had ever had ought to benefit the existing profession. He thought there should be a high valuation of the profession itself: realization of the obligation of self-improvement: a breaking-down of the "middle wall of partition" between those, who, by a connection with the new school, seemed to possess an advantage, more or less adventitious, and those who found, or thought they did, a definite obstacle to practice in the new Foundation. He felt the meaning of "Unity." He told us of this—at least in words—only on the eve of his departure. And yet he had told us about it previously in a better way. Go over the papers he brought to the Faculty meetings and the smaller gatherings of the local society, and you will, if I mistake not, see that he presented the problems of disease, cause, prevention and cure, as the same for the hard worked country doctor, with little time to read, and the man with hospital and laboratory advantages, plus trained nurses and competent assistants. But there the roads parted, in a sense. The practitioner brought his experi-

ences and difficulties. Modern methods of investigation were not at his command. Dr. Osler felt that the man with greater advantages should, in the first place, qualify himself to understand the point-of-view of his less fortunately placed colleague, and then, from his greater advantages, make up the deficiency.

Sometimes a chance thing makes a life-long impression, and such an occurrence has come back to me time and again. At a society meeting typhoid fever was the topic. I believe I am quoting accurately: "Typhoid fever, the monster that destroys the best of our sons and claims the fairest of our daughters, are we to let it continue or stop it?" And then followed a clear, scientific and yet almost a domestic demonstration of preventive measures which could be taken home and taught to those who did not know, but who, if they knew, might save their own and others' lives. This, I believe, was Dr. Osler's motive-force:—aim to realize the other man's point-of-view and his needs, and to reach these needs if he could. But, if such was the self-imposed task, success could come from no wiser-than-thou attitude. There had to be comradeship; not the assumed, patronizing variety, but the sort that cements the minds and hearts of earnest men after the same thing—knowledge. How many of us have met him browsing around in the library, and soon found ourselves just talking! Yet from that talk we afterwards found we had gleaned a great deal. It was from one such talk that I took away definite impressions about the evils of narrow specialism. Again, after we got to know him better, we would sometimes find him in deep conversation with a beginner in medicine, or a man we hardly knew, and we shied off. It was perfectly clear what he was doing. But the comradeship was the real thing; there was nothing professorial about it. This comradeship extended beyond the confines of men who were active students for their own good or those who needed prodding. It went after and reached those who had something to give, and who did not know how to give it; maybe they did not know they had it. There are matters of importance to the Faculty and profession, bearing others' names, which would never have come into being without William Osler's realization of their importance and pointing out the way to achievement. I cannot speak more definitely; but men familiar with the Faculty's history will know. This comradeship went farther. It reached those who, for one reason or another, had met with little or no success. It made them feel that in spite of what might be termed failure, honesty of purpose gave a standing to a man in medicine and brought him into unity with his brothers upon whom Fortune had smiled more kindly.

Work for the library, teaching its value by precept and example, demonstrating the unity of the medical profession, and the spirit of comradeship

soon won the esteem, confidence and affection of men throughout our State. This feeling was, possibly, best expressed in a telegram sent to Dr. Osler's mother in April 1905, when he was about to leave Baltimore. The telegram was sent by vote of the Faculty at its annual meeting and signed by the President, Samuel T. Earle. It reads:

The greetings of the Medical and Chirurgical Faculty of Maryland to Mrs. Osler, asking her to share their sentiments in taking leave of William Osler, congratulating Mrs. Osler first on the distinguished career of her son, but most on the innate qualities which have endeared him to his associates in Maryland.

A few days later the following reply was received:

Mrs. Osler, who is unable from her great age to write, asked me to express her heartfelt thanks to you for the very kind telegram of greeting sent through you from the Medical and Chirurgical Faculty of Maryland, and to say that the receipt of the message gave her the greatest pleasure, more especially in the expression of affection and appreciation called forth by the personal qualities of her son, since these are, in her eyes, more precious than all his honors.

She knows that it must be hard for him to sever his connection with such kind *confrères*, and she is sure that the friendships he has made during his residence in the States will be among his most cherished memories. I am, sir, yours sincerely,

JEANNETTE OSLER.

One who had thrown his heart and soul into an enterprise would be keenly disappointed if his work fell through in later years. There seems no danger of this while there survive the men who came under Dr. Osler's leadership. The funds obtained through his influence, and others, which have come since, because of the spirit he put into the organization, are keeping the Faculty up to date. But these material things, important as they are, would fail in their purpose, unless something else lived and permeated the Faculty's life. I mean the mental attitude which I have tried to present. It is interesting to go over books in a public library even if one owns copies himself. The latter he feels free to mark; but it demands a certain amount of bad taste to mark passages in a book which does not belong to you. However, this bad taste does exist here and there and it may not be without its advantages. It shows the other fellow's thought. Recently I picked up *Aequanimitas* at the library and opened by chance to that delightful essay "Teacher and Student." That a library-worn book like this should open right there is not without significance. It means that there are youngsters coming on now who are getting from the printed page some of the things others got from personal intercourse. This passage is marked with a heavy lead pencil:

The measure of value of a nation to the world is neither the bushel nor the barrel, but *Mind*;—wheat and pork, though useful and necessary, are but dross in comparison with those intellectual products which alone are imperishable.

In "Unity, Peace and Concord," written in 1905, thirteen years after the essay to which allusion has been made, Dr. Osler speaks of "the petition of the Litany in which we pray that to the nations may be given unity, peace and concord." Then follows this, which I do not attempt to summarize:

Century after century from the altars of Christendom this most beautiful of all prayers has risen from lips of men and women, from the loyal souls who have refused to recognize its hopelessness, with the war-drums ever sounding in their ears. The desire for unity, the wish for peace, the longing for concord, deeply implanted in the human hearts, have stirred the most powerful emotions of the race, and have been responsible for some of its noblest actions. It is but a sentiment, you may say, but is not the world ruled by feeling and by passion? As with the nations at large, so with the nation in particular; as with people, so with individuals, and as with our profession, so with its members, this fine old prayer for unity, peace and concord, if in our hearts as well as on our lips, may help us to realize its aspirations.

Now, fourteen years later, with the world, still "refusing to recognize its hopelessness" and struggling toward the realization of permanent unity, peace and concord, these words seem almost prophetic. From the "Nations at large" through successive steps, this great principle of unity, peace and concord reaches the medical profession and "individual" doctor. His comprehension and use of it will depend on his relative valuation of the "barrel and bushel" and "mind." Dr. Osler's method of upbuilding the Faculty differed from others in that he aimed to increase the individual's receptivity for what the Faculty had to offer. So long as the Faculty sees its responsibility to offer only the best; so long as its members appreciate the nature of what is offered and remember that profit is a question of their own hearts and minds, there will be no danger of deterioration; but both are necessary. While we are congratulating Dr. Osler and gratefully acknowledging our debt to him, let us not forget what his example taught: for it is only thus that we can keep what he had so large a share in giving us.

OSLER'S INFLUENCE ON AMERICAN MEDICAL LIBRARIES¹

BY JOHN RUHRÄH

If the name Osler had been left out of the title of this paper those at all familiar with American medical libraries at once would have been able to fill the omission. There is none other who has had universal influence. Scores there are and have been who have left an imprint on one medical library and there are some whose influence has extended to two or three, but Sir William Osler is the only one whose magic has touched all.

¹ Extracts from an article in *The Annals of Medical History* for July.

From Boston to San Francisco, from Montreal to New Orleans, all in some way or another are witness to his remarkable sympathy and interest. Small libraries like that of the Luzerne County Medical Library at Wilkes-Barre, as well as large ones like that of the Surgeon General at Washington, bear testimony to his helpfulness, both material and spiritual. How can one appraise at its full value his influence? To estimate it correctly will take another and a wiser man, but if one can spin a thread on which may be strung some of his pearls of thought and a few from others, and so make a sort of rosary with which to tell the story, perhaps the reader who has not come under his personal spell may be made to feel it and so come to know in a way what has been missed.

.....

When one comes to Baltimore, we feel more sure of our ground. We know so well what his influence meant.

Of this Library he was to say later:

Unlike other State organizations, this Faculty has in its Library an important educational function. It was a singularly judicious action on the part of the men who controlled this institution (in the thirties), to begin a collection of books. They knew that the true gauge of a profession's standing, not the number of its schools, not the length of the roll of students, not the material wealth of the physicians; these are as dross and slag, chaff and dust, in estimating the true worth of a profession. Books are tools, doctors are craftsmen, and so truly as one can measure the development of any particular handicraft by the variety and complexity of its tools, so we have no better means of judging the intelligence of a profession than by its general collection of books. A physician who does not use books and journals, who does not need a library, who does not read one or two of the best weeklies and monthlies, soon sinks to the level of the cross-counter prescriber, and not alone in practice, but in those mercenary feelings and habits which characterize a trade. (*The Functions of a State Faculty, Maryland Medical Journal, 1897.*)

The Library of the Faculty was an integral part of an organization which has played an important part in the medical life of Maryland. It had had various periods of lethargy and like the Beauty of the fairy tale it was awaiting a Prince Charming.

It was not dead, not moribund, but asleep and Osler succeeded in awaking it. In 1895 it was moved to a building at 847 North Eutaw Street (Hamilton Terrace) and in the following year the need of a well trained librarian was so apparent that Osler himself saw to it that the present librarian, Miss Noyes, was employed.

Through his influence it acquired its own building and after he left, the library, in 1909, was moved once more to the comfortable, specially built library building at 1211 Cathedral Street. This new building was directly due to the cast mantle of the "Chief." After he left a project was on foot to buy his house at 1 West Franklin Street and use it for a memorial and

Library building. This resulted in raising a considerable fund, but subsequently the plan was changed and the money turned over to the Building Committee of the Faculty.

How gratifying it must be for him to know that his name is now forever linked with the Faculty Library. In the new building the large meeting room is known as Osler Hall. There is also an Osler Endowment Fund and, perhaps of more importance, an Osler Fund for the purchase of books relating to medicine. The former was started by Sir William years ago and since he left his name has been added to it. The latter is the residue, with some additions, of the money collected for an Osler Testimonial and at present amounts to an investment of ten thousand dollars. It is a great pleasure to all his friends to know that in the future his name will be constantly before the medical profession in connection with the Library which was once his hobby and that future generations may know and partake of his genial spirit which must of necessity linger about the Library as long as it shall last.

No one realized more than Osler how important it was to have the Library well financed and he did much to put through many much needed improvements, sometimes out of his own pocket, sometimes through a generous friend and constantly by appealing to the profession. He believed the profession should be responsible for the Library, but he also knew that the Library had its responsibility, its duty, to the profession. And once he voiced this in his Presidential address:

But to maintain a modern medical library is a very serious undertaking. So extensive has the literature become that even well endowed institutions find it impossible to meet the incessant demands in all departments. The Faculty has the nucleus of an excellent collection, and through the kindness of our friends we have been enabled this year to add a long list of most valuable journals and many complete sets. Within a few years this most valuable section of the Library should be greatly enlarged. The true worker does not want text-books; he looks to journal literature and monographs, and the extraordinary development of all special departments makes the work of a Library Committee very difficult unless it has a rich appropriation. In a year or two we should be able to give the Committee at least double the present allowance. (*The Functions of a State Faculty, Maryland Medical Journal*, 1897.)

Another thought was the Book and Journal Club, an excellent idea for an impecunious library. With the small dues of five dollars a year a group of over one hundred men were induced to join this Club, the meetings of which under Dr. Osler were a delight to all book lovers. Most of the money went to the use of the Library, chiefly to journal subscriptions, but a portion of it, aided very generously from Dr. Osler's own

purse, went to two or three meetings a year at which many of the best minds of the country contributed to the intellectual side, and Dr. Osler's human instincts always saw to it that the inner man was not forgot. This ability to get men out to meetings and to get them interested in things was one of his very marked traits, and he succeeded because he knew so well how to deal with the human being. He knew there were some that could be attracted by the way of the esophagus and having attended one meeting, perhaps for purely physical reasons, they also returned to the subsequent ones for intellectual and spiritual benefit.

.....

Another value of the Library that Osler realized fully was its effect on the men who make it, the value of striving, of getting together for a common purpose. Certainly at no time in its history was the Faculty of Maryland more alive than in its struggle for a new building. This common aim brought men together and made them friends and brothers. It was this value and meaning of the Library that he sensed in his Presidential address before the Medical Library Association:

The organization of a library means effort, it means union, it means progress. It does good to men who start it, who help with money, with time and with the gifts of books. It does good to the young men, with whom our hopes rest, and a library gradually and insensibly moulds the profession of a town to a better and higher status. (*Some Aspects of American Medical Bibliography, Boston Medical and Surgical Journal*, 1902.)

.....

Of Osler's influence on the study of the history of medicine this is not the place to speak and yet the impetus that he gave to it through his writings, by word of mouth and through his constant interest has made a deep impression on the collections of books in America. First, it stimulated the collection of incunabula and of old medical books in general; secondly, it lead to the purchase of books about medical history and bibliography, and lastly, it opened up a new field to many students and physicians so that the medical library had a new interest, a new meaning for them. So it has increased the number of readers and the influence of the library as a school. He always seemed to be saying with Richard de Bury.

Ay, eome ye hither to this pleasant land.

.....

On the subject of such study he said:

By the historical method alone can many problems in medicine be approached profitably. For example, the student who dates his knowledge of tuberculosis from Koch may have a very correct, but a very incomplete, appreciation of the subject.

Within a quarter of a century our libraries will have certain alcoves devoted to the historical consideration of the great diseases, which will give to the student that mental perspective which is so valuable an equipment in life. The past is a good nurse, as Lowell remarks, particularly for the weanlings of the fold. (Books and Men, *Boston Medical and Surgical Journal*, 1901.)

.....
An example, to cite but one, was the case of the scholarly Cordell, for years a dabbler in the history of medicine, particularly that of Maryland. Under the genial patronage of Osler this talented worker gathered his forces and his notes and brought out the *Medical Annals of Maryland*, one of the best pieces of medical-historical work produced in this country.

In this connection it is interesting to note that Osler, while a book lover, a bibliomaniac if you will, was singularly well poised in that he not only knew the value of books and libraries, but their place as well. For the man so intoxicated with learning that his powers of action were paralyzed he had the greatest sympathy. It has been said of a physician, since dead, that he was succeeding very well until one of his friends gave him a microscope. Ever after histologic study proved his undoing. In a like manner many a man has been ruined by browsing in a library.

On the other hand no one had a livelier appreciation of the dangers of ignorance. No one in our time has done more to lead the doctor to the library. All that is new may be found there if one will but take the trouble to find it out.

.....
Another thing which Dr. Osler accomplished was the dragging from the shelves and from hidden corners into the light of day the great contributions in medicine.

They did not seem like books to him,
But Heroes, Martyrs, Saints, themselves
The things they told of,—not mere books
Ranged grimly on the oaken shelves.

This has been commented upon before, but one cannot refrain from quoting his own words on the subject:

I should like to see in each library a select company of the Immortals set apart for special adoration. Each country might have its representatives in a sort of alcove of Fame, in which the great medical classics were gathered. Not necessarily books, more often the epoch-making contributions to be found in ephemeral journals. It is too early, perhaps, to make a selection of American medical classics, but it might be worth while to gather suffrages in regard to the contributions which ought to be placed upon our Roll of Honour. (Books and Men, *Boston Medical Library*, 1901.)

In Osler Hall there is a case containing Osler's own writings. To say these are highly prized, tomorrow this case and its contents will be

numbered amongst our most precious possessions. These books and essays contain so much of his spirit, hold such wise counsel and such high ideals that from them may be garnered a store of wisdom sufficient to last a moderate life time of the average physician.

Enough! Mere words can never tell
The influence of the grateful spell,
Which seems among these books to dwell.

What has been Osler's influence on American medical libraries? This question is in a measure answered above and chiefly in his own words. He had a keen appreciation of the value of medical books and this is summed up in that wonderful epigram:

To study the phenomenon of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all.

In addition to this he appreciated medical libraries at their full value, not only for himself but for others. This he taught to his students and to the profession. He knew and emphasized the use of the recent journals and monographs, the necessity for knowing the latest and best, and pleaded, and not in vain, for the historical method of approach, the impossibility of clear vision without it. Then too he did much to encourage the study of the lives of the masters and a major part of the recent biographical articles of medical worthies is due directly or indirectly to his influence and he taught us not only to study the great teachers of other days, but to accord them reverence and their due meed of honor. To drag the treasures of the bookshelves into the open and make them mean something is another lesson he taught. This lesson has fallen largely on barren ground although there is hope in the future.

He taught the art of giving practically; he not only gave himself but led others to do likewise, not as a necessity but as a privilege. Witness the Frick, the Marburg, the Casey Wood contribution, to mention only three.

He knew that a library must be financed and here again he gave, led others and used such individual methods of raising money as the Book and Journal Club. He did much to do away with the old fashioned librarian and encouraged the helpful, cheerful variety.

BOOK AND JOURNAL CLUB OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

BY J. A. CHATARD.

Of all the varied activities and interests shown by Dr. Osler (here we will always have to call him Dr. Osler) while in Baltimore, possibly none appealed to him personally more and to the little group of supporters that he gathered about him in the early days of 1896 and to the present larger group, than the idea that occurred to him at that time of getting together a few of the men of the profession at periodic times for the discussion of old books on medical subjects and the presentation of papers on the historical side of medicine at the same time the profession could help by their interest in the work and by the voluntary subscription offered, in the improvement of the Library of the Medical and Chirurgical Faculty by the purchase of new books and journals.

In these early '90's the Faculty was in a quiescent mood with few regular meetings and only routine business transacted; on account of funds the Library was much neglected and the book and journal file far from complete. This Osler saw and at once put his great store of knowledge and earnestness at the disposal of the members of the Faculty, and soon had the Book and Journal Club in a flourishing condition.

Those of us who went to the early meetings can still feel the enthusiasm of Osler in the presentation of rare old medical historical subjects either by himself or in the enlightening discussion that he gave following someone else's paper, often, at the same time, showing some of the fine old books illustrating the talk, these books most often coming from his own wonderful medical library.

But for this man's enthusiasm and zeal we would have missed so many interesting talks on the "Hippocratic writings," the "Plague of 1630 in Milan," "Harvey as an embryologist," "Some diseases bearing the names of saints," the "Resurrectionists of London and Edinburgh," the "Books of Vesalius," "Assyrian Medicine," and last but not least, about our old friend Sir Thomas Brown. These and so many other historical subjects he was the instrument in bringing before us and leading us on to browse among the old masters and find there the very things we may be looking for today.

During his presidency, the Book and Journal Club collected \$5170 by voluntary subscription and in addition to paying for the binding of many journals, they were able to purchase annually about 270 books and subscribe to 56 journals. To those of us who know how crippled the finances of the Faculty were at that time, and how little was available to go to the

Library Fund, this money from the Book and Journal Club was a treasure trove.

To the oldest members of the Faculty his work and zeal for their interests was of wonderful help and assistance, and his close association with them can always be looked back on with so much pleasure and happiness; to the younger, or at present the older members of the Faculty who knew him at that time and worshipped from afar, his example should help them to be better students and workers, but to the youngest members of the Faculty, who alas, knew him not, it is their duty where possible to emulate his efforts in historical study and so join in the company of those who can find that all is not dry and musty in the old discolored books upon our shelves. It is only by thus fostering and helping along a search for old truths that the newer ones assume a more crystalline appearance and we are better able to value them in the light of advancing thought.

OSLER'S INFLUENCE ON THE LIBRARY OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

BY MARCIA C. NOYES.

Librarian.

Associations of Dr. Osler are so interwoven with the Library of the Medical and Chirurgical Faculty that what we have become is, in reality, but an expression of what we felt he would have us be.

The name of "Osler" is writ large in the history of the Library from the time of his first connection with it in 1890; and the impression made by his character on the lives of those with whom he came in contact has been a powerful influence for the betterment of medicine in Maryland and in the upbuilding of the State Society and its Library.

Dr. Osler was elected a member of our Library Committee in 1892 in which year the committee reported difficulties, financial and otherwise, in the management of this "most valued and noble inheritance." Although never serving as Chairman, that he lent himself to the surmounting of these difficulties we know, and what was accomplished between 1892-1905, his tenure of office on the Library Committee, is given, in part, herewith. From a collection of a few thousand old books in 1892 it grew to 14,590 volumes in 1905, and has grown steadily ever since.

No one man has so left his imprint on the Libraries of two continents as has Sir William Osler, and a quotation from his address "Books and Men" delivered in 1901 at the opening of the new building of the Boston Medical Library, at 8 The Fenway, sums up what his example has meant to this Library and Faculty.

It is hard for me to speak of the value of libraries in terms which would not seem exaggerated. Books have been my delight these thirty years, and from them I have received incalculable benefits. . . . For the teacher and the worker a great library such as this is indispensable. They must know the world's best work and know it at once. . . . For the general practitioner a well-used library is one of the few correctives of the premature senility which is so apt to overtake him. Self-centred, self-taught, he leads a solitary life, and unless his everyday experience is controlled by careful reading or by the attrition of a medical society it soon ceases to be of the slightest value and becomes a mere accretion of isolated facts, without correlation.

The Library, which dates from 1830, had been partially revived in 1881 and was housed in rooms in the basement of the old Maryland Historical Society in 1885; but it was Dr. Osler's interest which brought about its renaissance and the purchase of and its removal to the home at 847 North Eutaw Street (Hamilton Terrace), in 1895. After a year without proper supervision it was owing to Dr. Osler, who personally saw to it, that the Library Committee employed a trained worker and the present Librarian took charge. To him we owe the founding of the Charles Frick section of the library, in 1896, which was made possible by the generosity of Messrs. William F. and Frank Frick; and the establishment of the Book and Journal Club at about the same time. These funds gave the library a definite income for the first time in its history.

Dr. Osler was President of the Faculty in 1896-97, and in his presidential address, April, 1897, in outlining the purpose of the Book and Journal Club, and of the Frick memorial said:

I envy Charles Frick the good fortune to go down to the future generations in this Faculty with his name linked to an important section of our library. Posthumously and by proxy, as it were, thus to carry on, though dead, the work he was interested in while living, is the nearest approach a man can make to cheating the great enemy, and in Charles Frick's case it is in a measure a compensation for the untimeliness of his taking off.

He also spoke of the approaching centennial as follows:

We can try in the centennial year to obtain a proper endowment for the Faculty from our friends among the citizens. We shall need a larger hall, more in keeping with the rank and work of the profession of this city—quarters as complete as our brethren enjoy in Philadelphia and New York. And an endowment yielding a few thousand dollars annually is absolutely essential for the proper development of the library.

At the centennial of the Faculty in 1899 he gave the first thousand dollars toward such an endowment fund; and it may safely be said that it was principally due to his influence that the Charles M. Ellis bequest was made in 1910.

It was because of the widespread desire to honor Dr. Osler that the present home of the library, at 1211 Cathedral Street, became a fact in 1909; and because of a further expression of this desire that the Osler Testimonial Fund for the purchase, in his name, of books on medicine was presented to us in 1917. It is singularly fitting that his name should be linked for all time with that of the Medical and Chirurgical Faculty and its Library, for he delighted so keenly in the phrasing of the old title—the Chirurgical, so hard for the uninitiated to pronounce, and in the usage of the word Faculty instead of Society. The development of the Library, to its fullest extent, interested him beyond measure for he was not only a lover but a user of books, and he insisted that his students should learn the art. The familiar slip bearing his reference was presented almost daily by some one of them, and our reading room on Saturday afternoons became a rendezvous for students and physicians who thought to meet him there to seek his advice. In those days, the pausing of a two wheeler or "hansom," at the door, if followed immediately by a cheery whistle, presaged his advent to the initiated. Hardly a Saturday passed without Dr. Osler coming to scan the shelves containing the new journals and to browse among the books to be found in the Charles Frick Reading Room.

Akin to his interest in books is his interest in medical libraries in general, and he was intimately familiar with and always a welcome guest at the library of the Surgeon General's Office; the College of Physicians of Philadelphia; the New York Academy of Medicine; the Boston Medical Library and the Library at McGill University, as well as the libraries in Baltimore and many of the smaller medical libraries elsewhere, some of which he fostered. He was not only familiar with the books in these collections, but he knew intimately the catalogers and workers who do not usually come in contact with the readers, as well as the librarians in charge.

This interest found expression in the founding, in conjunction with Dr. George M. Gould, of Philadelphia, of the Medical Library Association in 1898. Owing to his generosity our Library was a member from the beginning, and has become an influence in the medical world because of this membership and our connection with the Exchange of the Association.

When abroad for his annual outing Dr. Osler always had the needs of our library in mind and we owe many of its greatest treasures to his interest. Some of these were a direct gift from him, others selected for purchase on the Frick Fund.

OSLER'S INFLUENCE ON OTHER MEDICAL SCHOOLS IN BALTIMORE AND HIS RELATION TO THE MEDICAL PROFESSION.

BY EDWARD N. BRUSH.

To estimate correctly Osler's influence upon other medical schools and upon professional thought and conduct would require an inquiry into the methods of medical teaching in vogue more than a quarter of a century ago, and into the social and professional relations of the physicians of the city and state toward each other.

At about the time of Osler's arrival in Baltimore to assume the duties of physician-in-chief to The Johns Hopkins Hospital there was a movement on foot to improve and enlarge the medical curriculum. The University of Maryland in 1889 announced that after 1891 a compulsory three-year course would be required in the Medical Department with a preliminary examination in English.

In March, 1890, a call was issued by the medical staff of The Johns Hopkins Hospital, and the medical faculties of the University of Maryland, The College of Physicians and Surgeons, The Baltimore Medical College, the Baltimore University and the Woman's Medical College for the organization of a Medical College Association with a view to the coöperation of all medical teaching bodies in bringing about a three-year graded course, written and oral examinations, a preliminary examination in English and laboratory instruction in chemistry, histology and pathology.

At the meeting of the Medical and Chirurgical Faculty in 1889 the annual address was given by Dr. Osler, who took for his theme "The License to Practice," and undoubtedly this address gave an impetus to a movement, already receiving support, for higher medical education and a better qualified student body.

My own connection with medical teaching in Baltimore did not begin until eight years subsequent to this date, but I realized before that period, and have had occasion to know since, the great interest which Osler took in promoting reforms in medical teaching not only here but in the country at large, the great and lasting influence of his advice, and above all, his example as a teacher.

Trained as he had been as a laboratory man, realizing to the fullest extent the results which flowed from his laboratory studies and their bearing upon the practical work of the hospital ward and the consulting room, as well as in the lecture hall, he urged the establishment of laboratories.

Thoroughly equipped laboratories, in charge of men thoroughly equipped as teachers and investigators, is the most pressing want today in the medical schools of this country.

The hospital was, from his point of view, a college—a place of teaching, the most essential part of the machinery of a medical school.

The systematic use of the resources of the hospital which he inaugurated and which he urged upon other communities and described in detail in his address before the New York Academy of Medicine in 1903 found in the minds of the more progressive teachers of the Baltimore schools a ready acceptance.

For those working in my own special field, it is gratifying to believe that it was a few words spoken in his farewell address at the University, February 22, 1905, which gave an impetus that resulted in the establishment of a psychiatric clinic at the hospital.

From his address at the dedication of The Wistar Institute of Anatomy and Biology of the University of Pennsylvania, 1894, I take the following:

What after all, is education but a subtle, slowly effected change, due to the action upon us of the Externals; of the written record of great minds of all ages, of the beautiful and harmonious surroundings of nature and art, and of the lives good or ill of our fellows—these alone educate us, these alone mould the developing minds.

The whole career of Osler in Baltimore, his life here as a teacher, hospital physician, consultant and citizen was devoted to the better teaching of medicine, to better ideals in education; and from his life, from his example, proceeded influences which not only moulded developing minds, but stimulated all who had a real ambition, to teach and, in teaching to learn also, and develop.

To emphasize sufficiently his influence upon medical education is most difficult. One of his constant pleas for other schools was for larger clinical advantages, and better use of those already provided. In 1897 in his address on Internal Medicine as a Vocation, before the New York Academy of Medicine, he says:

Today the serious problem confronts the professors in many of our schools—how to teach practical medicine to large classes; how to give them protracted and systematic ward instruction? I know of no teacher in the country who controls enough clinical material for the instruction of classes, say of two hundred men, during the third and fourth year.

Never a controversialist, none the less did he bear a large share in the controversies of thirty and more years ago, which preceded and eventually brought about the changes in the methods of medical education which have taken place since that time. His influence was exerted not in argument or controversy but in the force of example, by the way in which he lived his ideals and induced others to share them with him.

He studied "to be quiet" and do his "own business," "to walk honestly toward them that are without" and one of his chief pleasures was "to work among [us] as a friend sharing actively in [our] manifold labors."

Some years ago I had occasion to apply to himself a quotation from the Presidential Address of the late Dr. Charles M. Ellis before the Medical and Chirurgical Faculty in 1898. These words seem to me particularly appropriate to Dr. Osler:

Many (doctors) by reason of natural endowments and acquired fitness elevate their lives to a professional plane on which it is possible for an intellectual life to develop; and on which it does develop, not only to individual sufficiency but to public usefulness and a public influence, that on the one hand meets and supplies public emergencies and, on the other, largely directs and controls public thought and movement.

These words from what I know of the intimate and friendly relations between the two men may well have been brought to the mind of Dr. Ellis by his knowledge not only of the intellectual life of Dr. Osler but by his appreciation of the controlling influence of his mind upon public thought and movement, particularly in professional circles.

Very early in his residence in Baltimore, notwithstanding that he "studied to be quiet" he became a by no means unimportant factor in the social life of Baltimore physicians.

He so regulated his work that he always had a certain amount of time to give to his friends in social converse, or in conference over the more serious things of their everyday lives and work.

He appreciated the difficulties and perplexities which surrounded the lives of many of his professional brethren and many a burden has been made lighter, many dark hours brightened, by his wise and thoughtful advice and his cheering optimism.

More than one doctor laboring amid discouragement and the indifference or open opposition of his fellow-citizens, whose lives he was manfully trying to make more tolerable, whose surroundings he was endeavoring to make more healthful, has found to his surprise that Osler had learned of what he supposed was unknown beyond the bounds of his own community, and has received from him words of cheer and commendation, which were powerful incentives to renewed effort, just when all the uses of the world appeared to him "weary, stale, flat and unprofitable."

His farewell address "Unity, Peace and Concord" is an eloquent recital of his consuming eagerness to be "a servant" to his brethren to do all in his "power to help them."

He strove always to live in Unity, Peace and Concord with his fellows. He strove with none—not that none were worth the strife, but because of a deep conviction of the hatefulness of strife. Those worth the strife he won by other and gentler means, and bound them to him by the everlasting chains of friendship.

In 1881 there was formed in Baltimore the Baltimore Monthly Medical Reunion. It met at the home of members in turn and around the dinner table and at the fireside, many friendships were made and consolidated. Very soon after coming to Baltimore, Dr. Osler became a member of the Reunion and always when he was present at the monthly gatherings, as with The McGregor, where Osler sat "was the head of the table," the center of conversation, the focus of wit and wisdom.

As in the past, so in the future in all that makes for truth and righteousness, in all that holds forth high ideals, in all that encourages culture and all the virtues of the Christian gentleman and the ideal physician the name of Osler will be one to conjure with. From time to time, as on the present occasion, his friends for many years, let us hope, will send him greetings across the sea. He has given us the Master Word and with that in our hearts all things are possible. Have we not seen it exemplified in his life and example?

DR. OSLER AS A CITIZEN AND HIS RELATION TO THE TUBERCULOSIS CRUSADE IN MARYLAND.

BY HENRY BARTON JACOBS.

Though Osler like Nathan Smith, Austin Flint and Marion Sims and the philosophers of old is essentially a peripatetic, a medical nomad, yet wherever his feet may take him, there he establishes and identifies himself, interests himself in local conditions and undertakes the responsibilities of citizenship.

In the course of his wanderings Baltimore has had the privilege and the profit of halting his onward steps for full sixteen years. Here he came in the vigor of his promising forty years, trained and ready, not to say anxious, to jump into the life of his new surroundings. Many paths there are which lead to useful citizenship—Osler chose one peculiarly his own, and followed it consistently and unfailingly guided only by the unswerving conviction that whatever he might do to advance and improve conditions in the profession to which he was allied, in that way alone could he be of the greatest benefit, not only to those immediately under his tutelage or care, but to the city and to the nation at large. In his final address on leaving Baltimore he says "I have lived my life in my beloved profession . . . I have never departed from my ambition to be first of all a servant to my brethren."

The advancement and improvement of medicine and service to his fellows, therefore, is the primary path of his endeavor. The wayside results of such a course pursued with intensity, with kindness, with sym-

pathy, with laughter and joke, with good fellowship and hospitality, also with hard study and thought and work, diligently and persistently, year by year, are quite unusual, and lead as is only natural to wide friendships, extraordinary and general influence, both with individuals and with peoples.

Scarcely had he arrived in Baltimore in the spring of 1889 when he was asked by the officers of the State Medical Association, the old Medical and Chirurgical Faculty of Maryland, to deliver the oration at the Annual Meeting of the Society to be held in April of that year. This invitation he accepted choosing for his topic "The License to Practice." At this period it should be recalled there were in Baltimore no less than four or five medical schools with two year courses of study for a degree to practice, and these degrees the only license required. The argument Dr. Osler made in his address was so cogent, so direct, so illustrative of the evil conditions existing that immediate steps were taken by the leaders of the medical profession of the city and state to have prepared a legislative Bill for the appointment of medical examiners whose duty it should be to examine candidates and to issue to the successful ones licenses to practice. This was Dr. Osler's first effort in Maryland toward the advancement and improvement of medicine, and coincidentally his first pronounced effort in good citizenship. As a farther resultant the University of Maryland decided to lengthen its course of medical study and to increase its standard. Moreover the seed was growing so fast that in February 1890 a meeting of representatives of all the medical schools of Baltimore decided to request delegates from the medical schools of the country to meet in Nashville with the idea of raising the standard of medical schools all over the United States. At this conference an agreement was reached for a three year course and other reforms.

The Legislature of 1890 passed the Bill for the appointment of a Board of Medical Examiners, a bill which looked to the betterment of medical practice in Maryland and to the general elimination of the numerous quacks and charlatans who had been permitted to carry on their trade in the State, "a Bill which is a matter of congratulation both to the profession and to the people." (*Md. Med. Jl.*) Unfortunately, Governor Jackson did not give his approval and so two years had to go by before its final adoption by a new Legislature, and the signature of Governor Brown. This was but the beginning of Dr. Osler's efforts for better state and municipal laws.

The almost unrestricted prevalence of typhoid fever in the United States, particularly in Baltimore, was a source of deep aggravation to him, and called for the use of all his powers of voice and pen to bring light into the darkness, that rational legislative measures might be inaugurated to restrict its incidence.

Baltimore at this time was without a general system for the disposal of its sewage. Backyard privy vaults were nearly universal. Dr. Osler was strongly of the belief that typhoid fever would be greatly reduced with the introduction of a proper and adequate sewerage system and a pure water supply. Note how vividly and forcefully he spoke at the meeting of the Maryland Public Health Association held on November 13th, 1897, upon the subject of mortality from typhoid as related to these important city improvements:

The penalties of cruel neglect have been paid for 1896; the dole of victims for 1897 is nearly complete, the sacrifices will number again above 200. We cannot save the predestined ones of 1898, but what of the succeeding years? From which families shall the victims be selected? Who can say? This we can predict—they will be of the fairest of our sons and of our daughters; they will not be of the very young, or of the very old, but the youth in its bloom, the man in the early years of his vigor, the girl just wakening into full life, the young woman just joying in the happiness of her home. These will be offered to our minotaur, these will be made to pass through the fire of the accursed Moloch. This, to our shame, we do with full knowledge, with an easy complacency that only long years of sinning can give.

Such writing as this is not only convincing, but is intensely moving, and could have played no small part in securing the desired end which happily came before he was to leave our city, a boon and a convenience to every member of the community, not to speak of the aesthetics of the new order when street and sidewalk gutters were no longer redolent with the morning's dish wash.

Whatever gives promise of adding to the stock of medical knowledge immediately arouses Dr. Osler's enthusiasm. Early he became interested in the amoebic theory of malaria. Well do I remember his coming to the Massachusetts General Hospital in Boston to demonstrate amoebae in blood corpuscles to Dr. Fred. Shattuck, then the young medical attendant to that Hospital. This must have been in 1887 or 1888. No effort of his for good citizenship, or for the advancement of medicine was more remunerative than the stimulus he gave in this country to the solving of the problem of the causation, cure and prevention of malaria, a disease which had so sorely afflicted the people of States south of Mason and Dixon's line. Baltimore became the prime centre for its study outside France and Italy, and Thayer's book written in the Johns Hopkins Hospital from Osler's clinic marks a salutary epoch in the history of this mosquito borne infection.

Never was it out of Dr. Osler's mind that a better educated and more widely read medical profession made for better living conditions of the people, greater civic comfort and diminished suffering and death, so in all ways possible he encouraged students and practitioners alike to greater

learning. To this end he insisted upon closer comradeship and larger attendance upon medical societies where experiences could be interchanged and interesting cases seen and discussed; he also insisted upon enlarged library facilities, and adequate supplies of current medical magazines and standard books. Under his inspiration and leadership the old State Society of Maryland took on a new life, and its library so long mouldering in its shelves sprang into usefulness. To him more than to any single man does the medical profession of Maryland owe its present Faculty Building with its large and growing library—a library in which he took no less interest than in his own. To this extent then we must think of him as contributing enormously to the welfare of the community through an enlightened profession influencing public opinion in matters pertaining to health, sanitation and general hygiene.

Not less than his trenchant writing and speaking was Dr. Osler's own personality of influence upon men and the community; so strikingly straightforward, so genial, even convivial, so playful in youthful spirit, so enthusiastic in helpfulness and sympathy, so painstaking and so wise, he soon had both patients and acquaintances alike in an attitude of devotion, almost I might say, of adoration, and while he took no official part in the civic affairs of the city, he gained through his association in the medical profession, by reason of his acknowledged eminence in that profession, and through his friends and acquaintances, a leadership in the affairs of the city and state which was most powerful and beneficent even though it was exercised in an indirect way.

From the moment when Koch discovered the germ of Tuberculosis in 1882, Dr. Osler never has lost interest in this disease. He dwelt upon it in his teaching and he insisted that his students should be familiar with it. When in 1892 the use of tuberculin was thought to provide a new specific, he was among the first in this country in giving it a thorough trial in the wards of the Hospital. For greater encouragement to the study of the disease which so long has been such a fatal enemy of mankind he suggested and carried out the establishment of a society whose single purpose should be the consideration of the history and the various phases, clinical and pathological, of Tuberculosis, and this society he named, after the great French student of Tuberculosis and discoverer of the stethoscope—The Laennec.

On November 14, 1899, Dr. Osler read an important paper on the "Home Treatment of Pulmonary Tuberculosis," at the semi-annual meeting of the Faculty at Westminster, and on the same day and place Dr. Charles S. Millet of E. Bridgewater, Mass., described his outdoor sleeping porches for tuberculous patients. This was the first public discussion of the value of unlimited night air in the cure of consumption and

marks a new step in the methods of treatment. Incidentally I may remark that at this same meeting mention was first made by Dr. Joseph E. Gichner of the need and desirability of a State Sanatorium in Maryland.

On April 19, 1901, at the invitation of Dr. Osler, Dr. Lawrence F. Flick of Philadelphia came to Baltimore and before the Clinical Society delivered an address on the "Registration of Tuberculosis," saying that Philadelphia and New York had already inaugurated such a provision. Dr. Osler urged that Maryland should do likewise, as in this way the location of cases could be known to the health authorities and such measures be taken as would be of advantage to the patient and the community.

By the end of the year 1901 there had arisen great interest in the Tuberculosis movement, and it was proposed that the Legislature of January 1902 should pass new and vital laws which should be of benefit to the whole people. To this end a big meeting in McCoy Hall was proposed under the auspices of the Maryland Public Health Association, the Medical and Chirurgical Faculty of Maryland and the Laennec Society. Dr. Osler's "fiery" speech thrilled the audience:

Mr. Chairman and my long suffering patient, inert fellow-citizens, now what is our condition in this city, and what are we doing for the 10,000 consumptives who are living today in our midst? We are doing, Mr. Mayor and fellow-citizens, not one solitary thing that a modern civilized community should do. Through the kindness of a couple of ladies—God bless them! I have been enabled in the past three or four years to have two of the medical students of the Johns Hopkins University visit every case of pulmonary consumption that has applied for admission to the dispensary of our hospital, and I tell you now that the story those students brought back is a disgrace to us as a city of 500,000 inhabitants. It is a story of dire desolation, want and helplessness, and of hopeless imbecility in everything that should be in our civic relation to the care of this disease.

He then argues for registration, disinfection after death or removal, a state sanatorium for curable cases and a hospital for advanced cases, a sewerage system and a hospital for contagious diseases. This address and others made the same evening had an effect, to wit: The legislature of 1903 created a Tuberculosis Commission, the Governor naming Dr. Thayer as its chairman.

All that is progressive or worth while in the Tuberculosis Crusade in Maryland followed thereafter; the Commission with its advisors taking the initiative in beneficial measures. At Dr. John S. Fulton's suggestion the Commission decided upon a Tuberculosis Exposition in January 1904 which should show graphically and practically the general incidence of tuberculosis, its methods of prevention and cure, its aetiology and pathology, its relations to social and economic problems, and a history of its

study from the time of Hippocrates. Such an exposition for any single disease had never before been attempted. Lectures and demonstrations were given and the attendance not only from Baltimore but from the counties and from outside the State was remarkable. The public was intensely interested and the exposition "demonstrated that it is both expedient and practicable to admit the general public to free participation in the scientific knowledge of Tuberculosis." (Editorial *Md. Med. Jr.*)

Dr. Osler was the moving spirit in this most successful undertaking and it was he who invited the distinguished speakers who were heard . . . naturally considered as a result of this exposition.

The Legislature of 1904 passed laws requiring (1) Registration of Tuberculosis in Maryland, and (2) Providing means and measures to be administered by the State Board of Health for the domestic prophylaxis of consumptives.

Growing out of this exposition, too, was the formation, following the suggestion of Dr. S. A. Knopf, of the National Association for the Study and Prevention of Tuberculosis. In this enterprise Dr. Osler had a leading part. In its organization he was made Vice-President, and since his residence in England has been continued one of the two Honorary Vice-Presidents: Mr. Roosevelt being the second.

In December 1904 the Maryland Association for the Prevention and Cure of Tuberculosis was formed and again to this local movement Dr. Osler lent his interest and enthusiasm. His last effort for the Tuberculosis cause in Baltimore was to induce Mr. Phipps to give the sum of \$10,000 for a Tuberculosis Dispensary at the Johns Hopkins Hospital. This was opened with addresses on February 21, 1905, Mr. Phipps being present.

In reviewing thus briefly the activities of Sir Willian Osler during his sixteen years in Baltimore, I realize how inadequately I have been able to convey any idea of his great work and influence, or the universal esteem, love and honour in which he was held not only by the people of Maryland, but by the country at large. I cannot believe that any man ever left our shores for a new work elsewhere more deeply and sincerely missed by a larger army of friends. His address of farewell delivered before the Medical and Chirurgical Faculty of Maryland April 27, 1905 on the subject of "Unity, Peace and Concord" typifies his attitude to all his fellows both professional and lay. In closing he sums up this relationship in the one word which he leaves as his benediction—Charity—and the greatest of all is Charity.

MARYLAND MEDICAL MEN IN THE SERVICE.

The President of the Faculty has been sent anonymously a copy of the May number of the BULLETIN, in which in the Directory of members those serving in the Army or Navy were starred. The list received has a number checked that were unfortunately omitted. Our list was checked up as far as it was possible to do so, and it is inevitable that there should have been some omissions.

We take this opportunity of asking that any omissions or corrections be sent to the office of the Faculty, and also to thank our unknown contributor, who we should like to be able to thank in person.

The following served in the Army, and were not starred in the list printed in May:

- Dr. R. P. Bay, Baltimore, Maryland.
- Dr. R. C. Dodson, Rising Sun, Maryland.
- Dr. John S. Fenby, Baltimore, Maryland.
- Dr. E. H. Lehnert, Baltimore, Maryland.
- Dr. J. T. Nelson, Baltimore, Maryland.
- Dr. P. L. Travers, Easton, Maryland.
- Dr. A. G. Webster, Overlea, Maryland.
- Dr. W. T. Zinn, Baltimore, Maryland.

MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

NOTE.—*Secretaries are requested to advise the Secretary of the State Society
promptly of the election of new officers in their respective Societies*

BALTIMORE CITY MEDICAL SOCIETY. President, GUY L. HUNNER; Vice-President, H. G. BECK; Secretary, EMIL NOVAK; Treasurer, W. S. GARDNER; Censors, J. M. HUNDLEY, J. S. CULLEN, R. WINSLOW; Delegates, T. S. CULLEN, S. McCLEARY, L. HAMMAN, G. W. MITCHELL, H. E. PETERMAN, E. NOVAK, F. R. SMITH, N. E. B. IOLEHART, H. JONES, E. H. HUTCHINS, E. R. OWINOS.

SECTION OF CLINICAL MEDICINE AND SURGERY. First and Third Fridays, 8.30 P.M., October to May. Chairman, J. STATION DAVIS, M.D.; Secretary, E. B. FREEMAN, M.D.

SECTION OF DERMATOLOGY. Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PEIS, M.D.

SECTION OF GYNECOLOGY AND OBSTETRICS. Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNOLOGY. Fourth Fridays monthly, 8.30 P.M. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.

SECTION OF MEDICAL EXAMINERS. Third Fridays in November and March. Chairman, J. D. IOLEHART, M.D.; Secretary, W. E. MARQUER, M.D.

SECTION OF NEUROLOGY. Second Friday, monthly. Chairman, C. M. BYRNES, M.D.; Secretary, D. D. V. STUART, M.D.

SECTION OF OPHTHALMOLOGY AND OTOLARYNGOLOGY. Third Wednesdays. Chairman, J. W. DOWNEY, JR., Secretary, C. A. CLAPP.

ALLEGANY COUNTY MEDICAL SOCIETY. President, E. B. CLAYBROOK, Cumberland; Secretary, H. V. Deming; Treasurer, F. G. COWHERN, Cumberland, Md.; Delegate, A. H. HAWKINS. Second Wednesdays of January, April, July and October; annual meeting in January.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY. President, J. O. PURVIS, Annapolis, Md.; Secretary, F. E. WEITZMAN, Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, L. B. HENKEL. Second Tuesday of January, April, July and October.

BALTIMORE COUNTY MEDICAL SOCIETY. President, F. W. KEATING, Owings Mills, Md.; Secretary-Treasurer, ALFRED GUNDREY, Catonsville, Md.; Delegates, H. L. NAYLOR, J. S. BOWEN, Mt. Washington, Md. Third Wednesdays, at 2 P.M.

CALVERT COUNTY MEDICAL SOCIETY. President, W. H. MARSH, Solomon's, Md.; Secretary-Treasurer, J. W. LETTS, Huntingtown, Md.; Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.

CAROLINE COUNTY MEDICAL SOCIETY. President, S. S. STONE, Ridgeley, Md.; Secretary-Treasurer, J. R. DOWNES, Preston, Md.; Delegate, J. C. MADARA, Ridgeley, Md.

CARROLL COUNTY MEDICAL SOCIETY. President, D. B. SPRECHER, Sykesville, Md.; Secretary-Treasurer, H. M. FITZHUOH, Westminster, Md.; Delegate, M. D. NORRIS. April, July, October, December; annual meeting in October.

CECIL COUNTY MEDICAL SOCIETY. President, T. J. CONROY, Chesapeake City, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, J. S. DARE, Rising Sun. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.

CHARLES COUNTY MEDICAL SOCIETY. No active organization.

DORCHESTER COUNTY MEDICAL SOCIETY. President, F. H. Nichols, E. Newmarket, Md.; Secretary-Treasurer, E. E. WOLFF, Cambridge, Md.; Delegate, JOHN MACE, Cambridge Md. Meetings first Tuesday in June and December.

FREDERICK COUNTY MEDICAL SOCIETY. President, H. P. FAHRNEY, Frederick, Md.; Secretary, J. M. GOODMAN, Frederick, Md.; Treasurer, E. L. BOWLUS, Middletown, Md.; Delegate, I. J. McCURDY. January, April, August and November.

HARFORD COUNTY MEDICAL SOCIETY. President, P. F. SAPPINGTON, Belair, Md.; Secretary-Treasurer, DR. CHARLES BAILEY, Bagley, Md.; Delegate, W. S. ARCHER, Second Wednesdays in January, March, May, July, September and November.

HOWARD COUNTY MEDICAL SOCIETY. President, W. N. GASSAWAY, Ellicott City, Md.; Secretary-Treasurer, FRANK O. MILLER, Ellicott City, Md.; Delegate, W. R. WHITE, Meetings (quarterly) first Tuesdays in January, April, July and October.

KENT COUNTY MEDICAL SOCIETY. President, H. G. SIMPERS, Chestertown, Md.; Secretary-Treasurer, F. B. HINES, Chestertown, Md.; Delegate, F. B. HINES.

MONTGOMERY COUNTY MEDICAL SOCIETY. President, E. W. WHITE, Poolesville, Md.; Secretary-Treasurer, E. L. BULLARD, Rockville, Md.; Delegate, J. E. DEETS. Third Tuesdays in January, April, July and October.

PRINCE GEORGE'S COUNTY MEDICAL SOCIETY. President H. B. McDONNELL, College Park, Md.; Secretary, R. A. BENNETT, Riverdale, Md.; Treasurer, W. ALLEN GRIPPIETH, Berwyn, Md.; Delegate, H. B. McDONNELL. Second Saturday of January, April, July, October.

QUEEN ANNE'S COUNTY MEDICAL SOCIETY. President, W. W. BOWEN, Price, Md.; Secretary-Treasurer, H. F. MCPHERSON, Centerville, Md.; Delegate, W. H. FISHER. ST. MARY'S COUNTY. No active organization.

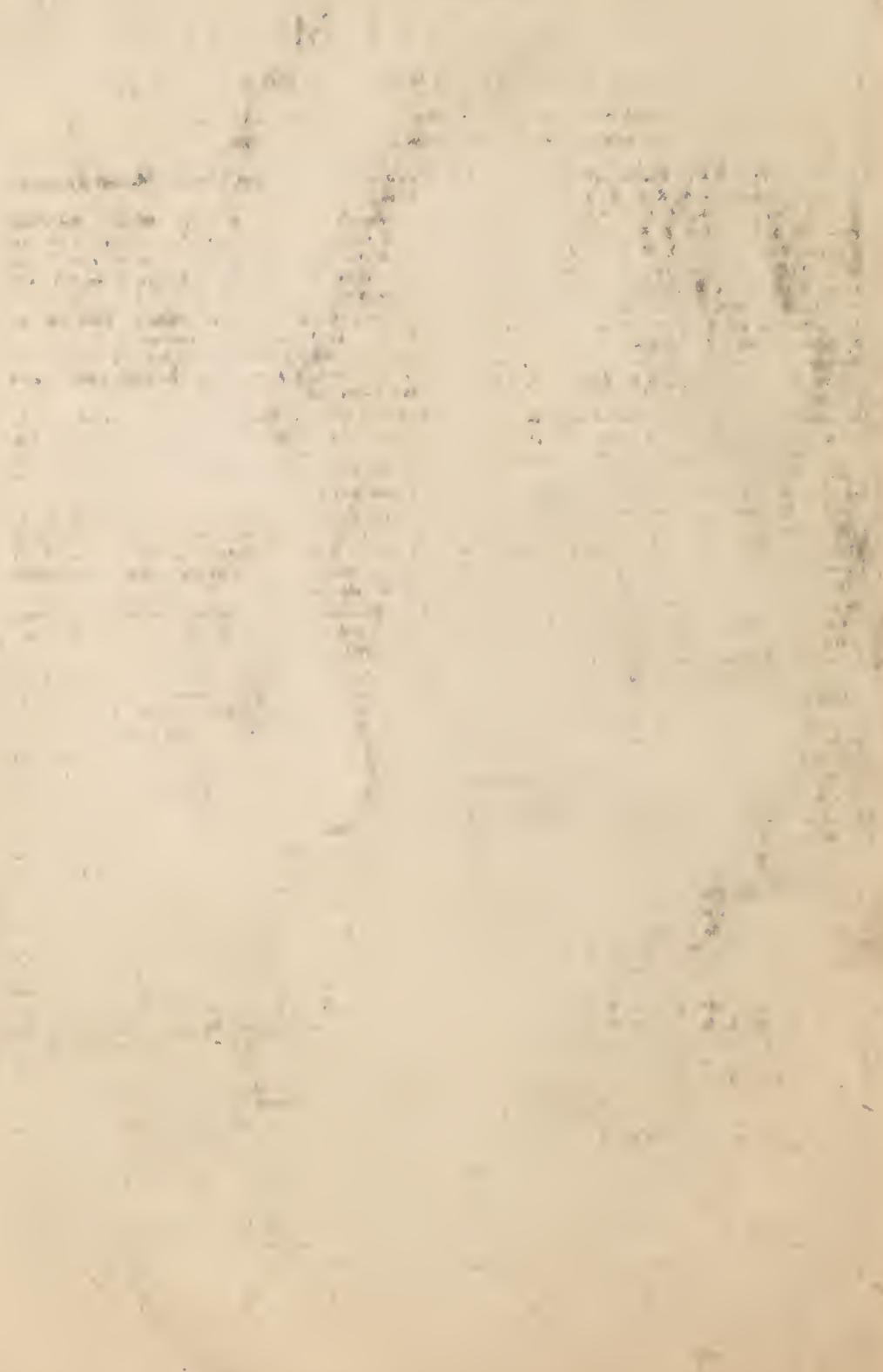
SOMERSET COUNTY MEDICAL SOCIETY. President, G. C. COULBOURNE, Marion Station, Md.; Secretary-Treasurer, H. M. LANKEFORD, Princess Anne, Md.; Delegate, G. T. ATKINSON, First Tuesday in April at Crisfield; first Tuesday in October at Princess Anne.

TALBOT COUNTY MEDICAL SOCIETY. President, J. H. HOPE, St. Michael's, Md.; Secretary-Treasurer, J. A. ROSS, Trappe, Md.; Delegate, W. S. SEYMOUR. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

WASHINGTON COUNTY MEDICAL SOCIETY. President, VICTOR D. MILLER, Hagerstown, Md.; Secretary, W. D. CAMPBELL, Hagerstown, Md.; Treasurer, J. E. PITENOOLE, Hagerstown, Md.; Delegate, J. MCP. SCOTT. Second Thursday.

WICOMICO COUNTY MEDICAL SOCIETY. President, J. M. ELDERNICE, Mardella Springs; Secretary and Treasurer, H. S. WAILES, Salisbury, Md.; Delegate, G. W. TOND.

WORCESTER COUNTY MEDICAL SOCIETY. President, PAUL JONES, Snow Hill, Md.; Secretary and Treasurer, R. LEE HALL, Pocomoke City, Md., Delegate, PAUL JONES, Snow Hill Md



THE BULLETIN
OF THE
Medical and Chirurgical
Faculty of Maryland



OWNED AND PUBLISHED BY THE ABOVE-NAMED STATE MEDICAL SOCIETY
SOLELY IN THE INTEREST OF THE MEDICAL PROFESSION

1211 CATHEDRAL ST., BALTIMORE, MD. 25c. PER ANNUM

VOL. XII

NOVEMBER, 1919

No. 2

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THE BULLETIN
OF THE
MEDICAL AND CHIRURGICAL FACULTY
OF MARYLAND

CONTROLLED BY THE COUNCIL AND EDITED BY A COUNCILLOR,
DR. HARVEY B. STONE

PUBLISHED MONTHLY EXCEPT JUNE, JULY, AUGUST AND SEPTEMBER

VOL. XII

BALTIMORE, NOVEMBER, 1919

No. 2

MINUTES OF THE HOUSE OF DELEGATES.

APRIL 23, 1919.

The 64th meeting of the House of Delegates was called to order in the Small Hall of the Faculty Building at 2 p.m., April 22, by the President, Dr. John Ruhräh. The minutes of the preceding meeting were adopted as printed. There were present Drs. A. H. Hawkins, L. B. Henkel, Jr., H. L. Naylor, J. S. Bowen, Philip Briscoe, M. D. Norris, T. B. Johnson, W. S. Archer, W. R. White, J. E. Deets, J. McP. Scott, T. S. Cullen, Standish McCleary, N. E. B. Iglehart, Howard Jones, E. H. Hutchins, E. R. Owings, Hiram Woods, J. F. Crouch, Alexius McGlannan, Randolph Winslow, H. G. Simpers, Charles O'Donovan, W. C. Stone, L. A. Griffith, John Ruhräh, J. S. Davis, W. S. Gardner, J. W. Williams, T. S. Cullen.

The report of the Secretary was adopted as read, Dr. John Staige Davis.

The report of the Treasurer was adopted as read, Dr. Wm. S. Gardner.

The report of the Council read by Dr. Woods.

Report of the Delegates to American Medical Association, Dr. Winslow and Cullen.

Report of State Board of Medical Examiners, Dr. Scott.

Report of Committee on Scientific Work and Arrangements, Dr. Alexius McGlannan.

The report of the Library Committee, Dr. Williams.

The report of the Finney Committee, Dr. Naylor.

Auxiliary Congressional and Legislative Committee of the American Medical Association, no report.

Committee on Medical Education, Dr. Harlan.

Committee on Public Instruction, Dr. Keidel.

Committee on Midwifery Law, Dr. Beitler.

Report of Committee on Defense of Medical Research, Dr. Cullen,

Report of the Memoir Committee, read by the Secretary,

Committee on Fund for Relief of Widows and Orphans, no report.

Committee on Post Graduate Work and Instruction, no report.

It was moved and seconded that the discussion of the Council report be taken up at this meeting instead of waiting for tomorrow morning.

The method of influencing legislation for the advancement of the medical protection of the people of the State was discussed by Drs. Wood, Scott, Briscoe, Deets, Bowen, Griffith, Hawkins, Harlan and Beitler. It was moved by Dr. Woods, and seconded by Dr. Cullen, that a committee consisting of Drs. Beitler, Bowen, and Harlan meet to discuss this subject, and report at the meeting tomorrow morning. Carried.

The subject of reporting venereal diseases was considered with discussion by Drs. Beitler, Scott, W. C. Stone and Hawkins.

The meeting then adjourned.

APRIL 23, 1919.

The 65th meeting of the House of Delegates was called to order in the Small Hall of the Faculty Building at 9 a.m., April 23, by the President, Dr. John Ruhräh. It was moved and seconded that the minutes be considered read. There were present Drs. A. H. Hawkins, J. S. Bowen, Philip Briscoe, M. D. Norris, J. E. Deets, E. E. Wolff, Standish McCleary, H. E. Peterman, E. H. Hutchins, E. R. Owings, Hiram Woods, Alexius McGlannan, Randolph Winslow, W. R. White, L. F. Barker, R. Lee Hall, H. G. Simpers, W. S. Archer, Charles O'Donovan, Peregrine Wroth, Jr., John Ruhräh, J. S. Davis, W. S. Gardner, L. A. Griffith.

The report of the special committee on the subject of influencing Legislation was adopted

"1. Empowered the Legislative Committee of the Faculty to appoint counsel at proper time and of proper character to follow legislation and keep committee informed, and to appropriate remuneration for counsel.

"2. Direct Legislative Committee to organize subsidiary committee on each of the component county societies and city society.

"3. Recommendation to Committee on Public Education to advise the public regarding the relation of the Faculty to the protection of the public.

FREDERICK V. BEITLER,
HERBERT HARLAN,
JOSIAH S. BOWEN."

Discussion by Drs. Bowen, Griffith, Hawkins and Deets.

Dr. McGlannan, who was appointed by the Council to report on the increased tax for registration of physicians, presented the following report which was adopted:

"The Medical and Chirurgical Faculty of the State of Maryland protests against the increased tax for registration of physicians under the amended Harrison Narcotic Act, and urges the repeal of this amendment by Congress.

"Further we protest against the ruling of the Commissioner of Internal Revenue, whereby physicians are not only compelled to pay an additional tax for the privilege of relieving human suffering by the administration of narcotics, but also are deprived of credit for or refunding of that portion of the annual tax for 1918-19 paid before the passage of the Amended Harrison Act." (Report sent to Senators and Representatives.)

It was moved by Dr. Bowen, and seconded by Dr. Winslow, that the Library Committee be authorized to form the Eugene Cordell collection of historical relics. Carried.

The nomination of the officers for the succeeding year was then made as follows:
President, Dr. James E. Deets. *Vice-presidents*, Dr. A. M. Shipley, Dr. T. R. Boggs, Dr. E. F. Jones.

Secretary, Dr. John Staige Davis.

Treasurer, Dr. C. E. Brack.

Councillors, Dr. Hiram Woods, L. F. Barker, G. M. Linthicum, Emil Novak, H. B. Stone, W. S. Gardner (vote for 3). Dr. R. Lee Hall (vote for 1).

Committee of Arrangements, Dr. Alexius McGlannan, Dr. A. G. Rytina, Dr. Emil Novak.

Library Committee, Drs. J. W. Williams, H. B. Jacobs, Harry Friedenwald, R. B. Warfield, L. P. Hamburger, L. F. Barker, John Ruhräh (vote for 5).

Finney Fund, Dr. Harry Friedenwald.

Delegates to American Medical Association, Delegate, Dr. Randolph Winslow. Alternate, Dr. L. F. Barker.

APRIL 24, 1919.

The 66th meeting of the House of Delegates was called to order by the President, Dr. John Ruhräh, at 9 a.m. in the Small Hall of the Faculty Building on April 24. It was moved and seconded that the minutes be considered as read. There were present Drs. L. B. Henkel, Jr., J. S. Bowen, W. S. Archer, Standish McCleary, H. E. Peterman, N. E. B. Iglehart, E. H. Hutchins, Hiram Woods, Alexius McGlannan, Randolph Winslow, R. Lee Hall, H. G. Simpers, John Ruhräh, J. S. Davis, W. S. Gardner.

As special business the report of the Widows and Orphans Committee was read and adopted.

It was moved and seconded that the Secretary cast a ballot for all those nominees for office in which there was no opposition. The ballot was cast. The following were elected:

President, Dr. James E. Deets.

Vice-Presidents, Dr. A. M. Shipley, Dr. T. R. Boggs, Dr. E. F. Jones.

Secretary, Dr. John Staige Davis.

Treasurer, Dr. C. E. Brack.

Councillors, Dr. Hiram Woods, Dr. L. F. Barker, Dr. H. B. Stone, Dr. R. Lee Hall.

Committee of Arrangements, Dr. Alexius McGlannan, Dr. A. G. Rytina, Dr. Emil Novak.

Library Committee, Dr. John Ruhräh, Chairman, Dr. J. W. Williams, Dr. H. B. Jacobs, Dr. R. B. Warfield, Dr. L. F. Barker.

Finney Fund, Dr. Harry Friedenwald.

Delegates to American Medical Association, Dr. Randolph Winslow, Delegate; Dr. L. F. Barker, Alternate.

A committee to be known as the Legislative Committee was appointed by the President consisting of Dr. F. V. Beitler, Dr. Herbert Harlan and Dr. J. S. Bowen.

It was moved and seconded that a vote of thanks be extended to Dr. Gardner, the retiring Treasurer, for his faithful and very efficient work, and also to all those who assisted in making the meeting a success. Carried.

The meeting then adjourned.

REPORTS READ BEFORE THE HOUSE OF DELEGATES.

APRIL 22, 1919.

SECRETARY'S REPORT.

MEMBERS 1918-1919	PAID IN ADVANCE		REINSTATED	TRANSFERRED	NEW MEMBERS	DECEASED	RESIGNED	REMOVED	DROPPED
60	60	51			1	1			
16	16	16							
542	556	492	Baltimore City Medical Society.....	11	1	14	5	1	6
81	81	72	Baltimore County Medical Society.....			1	1		
11	11	11	Calvert County Medical Society.....						
14	14	11	Caroline County Medical Society.....						
35	35	34	Carroll County Medical Society.....						
26	26	22	Cecil County Medical Society.....	1				1	
2	2	1	Charles County Medical Society.....						
19	21	18	Dorchester County Medical Society.....	2		1		1	
46	47	42	Frederick County Medical Society.....	1					
18	19	13	Harford County Medical Society.....	2		1			2
13	13	11	Howard County Medical Society.....			1			1
7	7	7	Kent County Medical Society.....						
39	34	31	Montgomery County Medical Society.....			1	2	4	
17	18	17	Prince George County Medical Society.....	2					1
6	4	4	Queen Anne County Medical Society.....					1	1
1	1	1	St. Mary's County Medical Society.....						
18	18	12	Somerset County Medical Society.....						
14	14	14	Talbot County Medical Society.....		1			1	
46	46	46	Washington County Medical Society.....	1	2	1		1	1
13	9	4	Wicomico County Medical Society.....	1					1
12	13	12	Worcester County Medical Society.....			1			4
6	5		Non-resident members.....				1		
1062	1070	942		21	1	24	11	11	16

TREASURER'S REPORT.

This report was audited and the certified copy printed in the BULLETIN for March, 1919, by order of the Council, before whom, as the Finance Committee, it had been read. Reprints of this were presented to the House of Delegates by the Treasurer, who asked that he be relieved of his duties this year.

LIBRARY COMMITTEE.

I have the honor to make the following report concerning the activities of the Library during the past year.

Owing to the war and especially to the fact that many of our members participated actively in it, less use was made of the Library than usual. The following figures

furnished by Miss Noyes show, however, that this was less than might have been expected, as 2264 books were borrowed in 1918 as compared with 2297 in 1917, while the reading room was used by 2503 and 3148 readers during the two years respectively.

As the result of the war and the British blockade of Germany prior to our participation in it, no German books or periodicals have been received for nearly three years. It is believed, however, that they have been stored for us in Germany and will probably be delivered shortly after peace has been formally declared, so that we shall eventually have upon our shelves complete files of such journals as may have survived the strain of the war.

During this period various French and English journals have also either suspended publication or appeared at less frequent intervals than usual, so that the accessions to the Library were considerably diminished. Consequently, it was felt that fewer meetings of our Committee and of the Finney Fund Committee were necessary, and furthermore that it was advisable to close the Library at 6 p.m., except upon such nights as Medical Societies met in the building. This resulted in a small saving in our bills for fuel and light, and scarcely interfered with its usefulness.

We would call your attention to the fact that many volumes in our older files of journals are in a very dilapidated condition, and that the Committee has decided that it is imperative to spend a considerable amount of money each year for rebinding, so as to keep them available for use.

It has also developed that the second story of our fire proof book stack is becoming crowded, so that an additional third story will soon have to be added, if our valuable collection is to be properly cared for.

The Committee takes this opportunity of expressing its appreciation of the intelligent and cheerful coöperation of the Library Staff, and also reports with mixed feelings of regret and pleasure that Miss Riebling, who served most acceptably as Assistant Librarian for six years, resigned in October in order to be married.

The accompanying list of gifts to the Library and the reports of the Frick Fund and of the Osler Testimonial Fund are herewith appended.

Respectfully submitted,

J. WHITRIDGE WILLIAMS,
Chairman, 1919.

REPORT OF THE FRICK LIBRARY, 1918.

Taking into account the conditions that existed in 1918 the work done at the Library was better than might have been expected. When it is considered that 176 members of the Faculty were out of the State serving with the Medical Reserve Corps in the Army and Navy the usage of the Library and the books has been surprisingly good. The months of October and November, and even December, show the lowest number of readers for many years; but this decrease is readily explained by the presence of influenza in our midst, which left no time for the physicians remaining in the State to use books or do work in a library.

There were 3148 readers and 2297 books borrowed for home use in 1918. Forty-seven volumes were added by purchase to this collection, making a total of 4297 in the Charles Frick Library. Since the establishment of the Osler Testimonial Fund in 1917, for the purchase of books relating to general medicine, this fund can specialize more closely on internal medicine, the subject which was nearest the heart of Dr. Charles Frick, in whose memory the library was founded.

JOHN RUHRÄH,
Chairman, Library Committee, 1919.
MARCIA C. NOYES,
Librarian.

FINANCIAL STATEMENT FOR 1918

Balance, January 31, 1918.....	\$282.15
Expenditures for books, etc.....	108.21
Balance January 31, 1919.....	\$173.94
HENRY BARTON JACOBS, <i>Treasurer.</i>	

J. M. T. FINNEY FUND.

From the Treasurer's report it will be seen that a considerable balance remains in the John M. T. Finney Fund for 1918, and that only \$144.16 was expended for books and journals. The fact must be taken into account that this fund purchases a large number of journals, which are being held for us abroad, and for which payment must be made upon their receipt, which we hope will be at any time now. There has been no change from the report last year in the number of journals subscribed to (26), and 41 books were purchased on this fund.

H. L. NAYLOR,
Chairman.

OSLER TESTIMONIAL FUND.

Although the Osler Testimonial Fund was presented to the Faculty in April of 1917 very few books were purchased on that account until this year. Forty-one volumes have been received, and a large number of books are on order for this fund. One journal is subscribed to.

Mr. Max Brödel, the designer of the book plate for the J. M. T. Finney Fund, has very kindly designed a plate for the Osler Testimonial Fund also, and we had hoped to be able to show the specimens of the plate with this report, but the engravers have been delayed with the work. This plate will be put in every book purchased on the Osler Fund.

When this Fund was established the request was made that the upkeep of the Hall should be considered a legitimate expense, and this past autumn the Hall was redecorated. In future it will probably not be necessary to use money from the Fund in this way, and the entire sum will be devoted to the purchase of books, journals and binding. The Library Committee has voted to undertake the completion of some of the sets of valuable journals from this account, and also to gradually complete the historical and bibliographical sections, the splendid nucleus for which already exists in the library, from this Fund.

SPECIAL REPORT OF THE LIBRARY.

The donations for the year 1918 are as follows:

Books: American Association for Study and Prevention of Infant Mortality, 1; American Association of Obstetrics and Gynecology, 1; American Clinical Association, 1; American Gastro Enterological Association, 1; American Gynecological Society, 1; American Home Economics Association, 3 ; American Laryngological, Rhinological and Otological Society, 1; American Medical Association, 1; American Pediatric Society, 1; American Surgical Association, 2; Mrs. T. A. Ashby, 119; Association of American Physicians, 1; Dr. W. S. Bainbridge, 1; Dr. L. F. Barker, 8; College of Physicians of Philadelphia, 1; District of Columbia, Health Department, 1;

Enoch Pratt Free Library, 1; Dr. J. W. Farlow, 1; Dr. J. M. T. Finney, 2; Dr. S. J. Fort, 55; Dr. Harry Friedenwald, 15; George Williams Hooper Foundation, 1; Dr. C. J. Grimes, 1; Dr. F. W. Hachtel, 3; Dr. H. Harlan, 17; Mrs. J. W. Henry (Library of Dr. Dulin), 204; Dr. J. G. Heusler, 3; Hospital Social Service Association, 1; Dr. H. M. Hurd, 3; Institute of Tropical Medicine and Hygiene, 1; Interstate Commerce Commission, 1; Isthmian Canal Zone Medical Association, 1; Dr. H. B. Jacobs, 1; John Crerar Library, 15; Lane Medical Library, 1; Kings County Medical Society Library, 1; Leland Stanford Jr. University, 1; Library Surgeon General, 60; Louisiana State Board of Health, 1; Dr. G. F. Lydston, 1; MacMillan Co. (through the *BULLETIN*) 3; Maryland Historical Society, 7; Maryland Pharmaceutical Association, 2; Massachusetts General Hospital, 1; Mayo Clinic, 1; New Hampshire Medical Society, 1; New York State Department of Health, 1; New York State Library, through Medical Library Association, 4; Mrs. Rupert Norton, 37; Rockefeller Foundation, 1; Rockefeller Institute for Medical Research, 2; Dr. John Ruhräh, 9; Smithsonian Institute, 1; Society of New York Hospital, 1; Southern Surgical Association, 1; Major Richard Strong, 1; Mrs. L. McL. Tiffany, 31; U. S. Bureau of Census (through the *BULLETIN*) 1; U. S. Department of Commerce, Bureau of Census, 1; U. S. Navy, 1; U. S. Public Health Service, 2; U. S. War Department, 3; Dr. R. B. Warfield, 1; Dr. W. H. Welch, 18; Wm. Pepper Laboratory of Clinical Medicine, 1; Dr. J. W. Williams, 2; Dr. H. M. Wilson, 186; Woman's Hospital of New York State, 1; William Wood and Company (through the *BULLETIN*), 1.

Reprints, Monographs, etc.: Mrs. T. A. Ashby, 99; Barnes Hospital, St. Louis, 1; Dr. E. G. Beck, 1; Boston City Hospital, 1; Capt. W. A. Boyd (through Baltimore County Medical Association), 7; Dr. LeRoy Brown, 2; Cancer Commission of Harvard University, 1; Council of National Defense, 4; Dr. J. S. Davis, 1; Dr. Harry Friedenwald, 149; Col. F. H. Garrison, 3; Dr. H. Harlan, 3; Hawaii Board of Health, 3; Mrs. J. W. Henry (Library of Dr. Dulin), 177; Institute of Medicine, Chicago, 1; John Crerar Library, 1; Library of Surgeon General, 4; Dr. R. C. Lynch, 1; Col. C. C. McCulloch, Jr., 2; Dr. I. L. Nascher, 14; Neurological Institute of New York, 1; Peter Bent Brigham Hospital, 5; Dr. W. A. Pusey, 8; Dr. John Ruhräh, 29; Dr. W. W. Russell, 82; Dr. H. E. Satterthwaite, 1; Savannah, Ga., Department of Health, 1; Dr. Herbert Schoenrich, 1; Dr. R. W. Shufeldt, 3; Surgeon General's Library, 34; U. S. Public Health Service, 28; U. S. War Department, 5; Dr. W. H. Welch, 3000; William Wood and Company, 1.

Miscellaneous unbound journals: American Home Economics Association; Dr. T. A. Ashby; Dr. L. F. Barker; Dr. D. W. Casler; Dr. T. S. Cullen; Dr. G. W. Dobbin; Dr. J. M. T. Finney; Dr. Harry Friedenwald; Dr. W. S. Gardner; Mrs. N. R. Gorter, Dr. F. W. Hachtel; Dr. W. S. Halsted; Dr. Louis Hamman; Dr. H. Harlan; Dr. F. E. Hoopes; Dr. J. G. Jay; Dr. W. W. Russell; Dr. Mary Sherwood; U. S. Surgeon General's Office; Dr. C. W. Vest; Dr. W. H. Welch; Dr. J. W. Williams.

Current journals for 1918:

Subscribed to by the Faculty.....	103
Subscribed to by the Book and Journal Club.....	47
By Exchange.....	54
Baker Fund.....	4
Finney Fund.....	26
Frick Fund.....	1
Osler Fund.....	1
Gift of American Home Economics Association.....	2
Gift of American Red Cross Society in France.....	1
Gift of Dr. L. F. Barker.....	3

Gift of Dr. Harry Friedenwald.....	2
Gift of Dr. H. B. Jacobs.....	1
Gift of National Organization for Public Health Nursing.....	1
Gift of Sir William Osler.....	1
Gift of Dr. John Ruhrah.....	9
Gift of Surgeon General's Office.....	3
Gift of U. S. Bureau of Medicine and Surgery, Navy Department.....	1
Gift of Dr. J. W. Williams.....	3
162 books and journals were bound during the year.	
	—
	263

MARcia C. NOYES,
Librarian.

REPORT OF COMMITTEE ON MEDICAL EDUCATION.

The advancement of medical science in all departments in recent times—the necessity for corresponding advance in medical education—the demand of state licensing boards that medical schools keep abreast of these advances has required medical schools to raise standards of entrance requirements—and lengthen terms until their curriculums are much overcrowded.

Much thought has been given by medical educators to arrange a plan by which medical students may graduate and begin to make a living a year or two younger. To this end two methods have thus far been devised for continuous sessions in medical schools. One is the "quarter system" by which the year is divided into four terms of three months each, any three terms counting as a college year. The second plan is to divide the year into three terms of four months each, any two terms to count as a college year. The schools which have adopted the continuous session have so arranged their curriculums and provided the teachers that students who are physically able and who desire to do so may continue at their medical studies the year round. In their schools also, during any quarter, students may make up courses in which for any reason they have failed to complete without loss of an entire year. Delayed matriculation also will mean the loss of only one quarter instead of an entire year.

There were about 1100 less medical students pursuing their studies in the various schools of the United States in the session of 1918-'19 than the previous year. There were two chief causes for this. First the drafting or volunteering of premedical students in 1917-'18 and second enforcing for the first time by 25 medical schools of the entrance requirements of two years of college work. This latter is probably the most noteworthy event occurring in medical educational matters during 1918.

Another was the scheme devised by the government to keep up the supply of medical men for the army and the country, by putting in uniform all medical students, coming within the draft age and the assigning them to duty at various medical schools to continue their studies. Incidentally, paying them army wages as well as board and tuition but requiring a considerable part of their time be given to military training. The result was confusion and lack of adjustment and more or less disorganization of the medical schools.

The Students Army Training Corps was not regarded as a success by the executive heads of the schools. As one of the deans said to me "the government just messed up things for three months."

Respectfully submitted,

HERBERT HARLAN,
Chairman.

REPORT OF THE COUNCIL.

The Council has comparatively little to report this year. The individual reports of officers and committee chairmen will set forth the work of special departments. The absence of a number of our most active men in the military service, cutting down of receipts through consequent excuse from payment of dues, the widespread epidemic of influenza, with the enormous amount of extra work demanded from physicians, have brought most of our activities to a standstill. The Council has had little to consider. The routine life of the Faculty has gone on normally. We have had but three meetings since the last annual meeting. In April, 1918, we authorized the payment of a large bill—over \$600.00—for telegraph messages sent out during the session of the Legislature, to prevent, if possible, absurd medical legislation. It was prevented; but it looks as though the medical profession was destined to meet attacks of this kind at each legislative session. Just what form they will take next January cannot be stated. Last year they took the general form of asking legislative recognition of various cults which claimed to have schools in which were taught all the fundamentals of scientific medicine, plus some peculiar form of therapy. The character of the teaching could not be determined. However, the bills were so drawn as to make it appear that the regular profession, instead of trying to protect the public, was engaged in an effort to build up an exclusive business. It is an old story, but it is a matter which concerns every man interested in protecting public health and in improving medical education. We may rest assured that similar attempts will be made next year, and it behooves every one of us to enlist in the campaigns of enlightening our Legislators.

We have had but four suits for alleged malpractice and they have been ably handled by our counsel, Mr. Dennis. One of them, however, did not come under the class the Faculty agrees to defend and was rejected.

There is now in course of preparation by the Memoir Committee a list of our members who have been engaged in military service since the United States entered the war. This list will give the names and character of work done.

Last summer the State Board of Health sent out a circular to physicians requiring the reporting of the names of patients suffering from venereal diseases, character of infection and its source. The circular was discussed by the Council. It looked as though it came dangerously near violating confidential professional communications, and might lead to very embarrassing consequences. It was referred to Mr. Dennis for an expert opinion. He has given it as follows: February 20, 1919. Telephoned 5.20 p.m.

Mr. Dennis reports that in his judgment a physician will be obliged to make the report required by the State Board of Health, in reference to venereal disease; and that no legal liability would attach to him for said report provided he acted in good faith and without personal malice in the matter. Of course as to the question of the source of the infection of the patient—in the absence of personal knowledge by the physician he could answer that "He did not know" or "That he had no personal knowledge, but that the patient stated thus and so."

At the last meeting of the Council the present Chairman and Secretary were re-elected. The following councillors were assigned to the respective Councillor districts:

Councillor Districts, 1919.

Washington County.....	Dr. Woods
Frederick County.....	Dr. Wroth
Harford County.....	Dr. Crouch
Allegany County.....	Dr. O'Donovan
Caroline County.....	Dr. Simpers
Dorchester County.....	Dr. White
Talbot County.....	Dr. Winslow
Anne Arundel County.....	Dr. Linthicum
Queen Anne County }.....	Dr. Gardner
Kent County }	
Somerset County.....	Dr. McCleary
Cecil County }	Dr. McGlannan
Baltimore County }	
Prince George County }	Dr. Hopkins
Howard County.....	
Montgomery County.....	Dr. Barker
Calvert County.....	Dr. Johnson
Carroll County.....	Dr. Archer
Wicomico County }	
Worcester County }	Dr. Hall
Charles and St. Mary's Counties.....	No Councillor
Baltimore City.....	Dr. Davis

The Council regrets more than it can express the retirement of Dr. Gardner as Faculty Treasurer. He has served us long and well. His position has brought him into close contact with all our work, and there is no department with which he is not familiar. His experienced judgment will be greatly missed in all the work which the treasurership touches; and this means everything.

Respectfully submitted,
HIRAM WOODS,
Chairman.

MEMOIR COMMITTEE.

DECEASED MEMBERS FOR 1918-1919.

- Dr. A. T. Chambers, February 9, 1876, October 14, 1918.
- Dr. N. R. Gorter, April 25, 1860, June 1, 1918.
- Dr. E. G. Grey, 1884, October 1918.
- Dr. C. H. Riley, April 16, 1856, January 23, 1919.
- Dr. H. M. Wilson, February 2, 1829, May 8, 1918.
- Dr. C. N. Etchison, Gaithersburg, August 26, 1886, October 17, 1918.
- Dr. J. L. Lewis, Bethesda, 1865, July 3, 1918.
- Dr. V. M. Reichard, Fairplay, October 16, 1858, January 26, 1919.
- Dr. E. J. Stewart, Cumberland, October 3, 1891, January 28, 1919.
- Dr. G. B. Wolff, Towson, December 10, 1885, December 21, 1918.

This Committee has been instructed by the Council to supervise the printing of an honor roll in a special issue of the BULLETIN of the Faculty, which should be in the nature of a memorial to those of our members who have served their country (draft boards included) during the world war. To this end it is desirable to obtain as full information as possible from each physician who has been in active service covering

the exact service rendered, to what the individual was attached, date of entry and dismissal, kind of work done, promotions, injuries sustained, citations, decorations, etc.

This work will be undertaken as soon as practical, and it is hoped that the issue may be printed before the end of the year.

T. P. McCORMICK,
Chairman.

Albert Tyler Chambers, M.D., was born in Washington, D. C., February 9, 1876. He died in Baltimore, October 14, 1918, of influenza-pneumonia at the age of forty-two. He was graduated from the Medical School of the University of Maryland in 1898. At the time of his graduation he was the youngest member of his class and was awarded the University prize, and also the Samuel Chew medal for the best thesis on the practice of medicine. He was a professor of Operative Surgery at the University of Maryland at the time of his death. Besides being a Fellow of the American College of Surgeons, a member of the Medical and Chirurgical Faculty of Maryland, and of various minor medical associations, he was a member of the School Board of Baltimore for six years, and a Health Warden for nine years.

Carlton Neal Etchison, M.D., was born in Gaithersburg, Md., August 26, 1886. He died at Gaithersburg October 17, 1918, of influenza-pneumonia contracted during the influenza epidemic in which he had worked unceasingly and untiringly, night and day, until he was stricken himself. He was thirty-two years old. He was graduated from the Maryland Medical College, in 1908. He was a member of the Medical and Chirurgical Faculty of the State of Maryland, and a member of the Montgomery County Medical Association.

Nathan R. Gorter, M.D., was born in the old Relay House, in Baltimore County, April 25, 1860. He died at his home in Baltimore, June 1, 1918, at the age of fifty-eight, of septicemia following a throat infection. He received his early education at the Anne Arundel Academy, and was graduated in medicine from the University of Maryland, in 1879. He completed his medical studies in Vienna. He took prominent part in the activities of the Medical and Chirurgical Faculty of Maryland, and was a member of the State Board of Health and of the Legislative Committee of the American Medical Association. In 1913, he was appointed Health Commissioner of the city of Baltimore by Mayor Preston. Dr. Gorter was a man who held public trust above personal advancement, and during his administration of this office, he sought by every means in his power to serve the best interests of the community, regardless of politics.

Ernest George Grey, M.D., was born in Milwaukee, Wis., in 1884. He died in Baltimore of influenza-pneumonia, on October 12, 1918, at the age of thirty-four. He was graduated from the University of Wisconsin in 1907, and from the Johns Hopkins Medical School in 1911 and in 1910 went to Berlin on special work and again in 1914. He was an instructor in surgery in the Johns Hopkins Medical School. Just previous to his death, he was made director of the Surgical Clinic of the Pekin Medical School under the Rockefeller Foundation, and expected to assume the duties of his position very shortly. He was one of the most brilliant of the younger surgeons and had made many important contributions to surgery and surgical pathology.

John L. Lewis, M.D., was born in Virginia, in 1865, but had resided in Bethesda, Md., during the last thirty years of his life. He died suddenly at his home in Bethesda, July 3, 1918, at the age of fifty-three, the victim of over-strain from the excessive demands made upon him when he added to his own large practice the work of younger physicians called to the war front. He was Secretary-Treasurer of the Montgomery County Medical Society, an active member of the Social Service League of the country, and during the war, a leader in Red Cross and other patriotic work.

Valentine Milton Reichard, M.D., was born in Baltimore County, Md., October 16, 1858. He died suddenly of heart disease, at his home in Fairplay, Md., January 26, 1919, in his sixtieth year. He was graduated from the Jefferson Medical College of Philadelphia, in 1882. He was a member of the Medical and Chirurgical Faculty of Maryland, of the American Medical Association, and of the Washington County Medical Association. He was also active in church and social work and contributed many interesting and valuable articles to church and medical publications.

Charles H. Riley, M.D., was born in Baltimore, April 16, 1856. He died at his home in Baltimore, on January 23, 1919, at the age of sixty-two years, of complications resulting from influenza. His early education was obtained at the Friends School in Baltimore. He was graduated from the University of Maryland Medical School in 1880. He served for two years as assistant chief surgeon of the Woman's Hospital in New York City. In 1882, he returned to Baltimore, and was interested in the establishment of the Hospital for the Women of Maryland, with which he was connected until his death. In 1887 he was elected a member of the Board of Trustees of the Sheppard and Enoch Pratt Hospital, becoming president of the Board in 1918. He was a member of the University Club and identified with the many medical associations and organizations of the city.

Emmett James Stewart, M.D., was born in Martinsburg, W. Va., October 3, 1891. He died in Cumberland, Md., of influenza-pneumonia, January 28, 1919, at the age of twenty-seven. He was graduated from the Baltimore City College, and in 1914, from the Medical School of the University of Maryland. He spent a year at St. Joseph's General Hospital, and then opened an office in Cumberland. He was a member of the Academy of Medicine of Cumberland, and of the Medical and Chirurgical Faculty of the State of Maryland.

Henry Merryman Wilson, M.D., was born in Baltimore County, February 2, 1829. He died at his home in Baltimore, May 8, 1918 of the infirmities of age. He was ninety years old. He was graduated from Dickinson College, Carlisle, Pa., in 1848, and was at the time of his death the oldest alumnus of that college. In 1851, he was graduated from the Medical School of the University of Maryland, and from 1859 to 1875, he was successively, Secretary, Vice-President and President of the Medical and Chirurgical Faculty of the State of Maryland.

George Baney Wolff, M.D., was born in Oxford, Pa., December 10, 1885. On December 21, 1918, was shot and almost instantly killed at the Sheppard and Enoch Pratt Hospital, Towson, by Dr. Noboru Ishida, a Japanese physician and psychiatrist, who was, temporarily, doing some medical work at the hospital. Dr. Wolff was thirty-three years old. He was graduated from Ursinus College, Pa., in 1908, and from the Medical School of the Johns Hopkins University in 1912. In June, 1912, he came to the Sheppard and Enoch Pratt Hospital as clinical assistant, and shortly

thereafter was promoted to the position of assistant physician. He was a member of the American Medico-Psychological Association, the Baltimore County Medical Society, the Medical and Chirurgical Faculty of Maryland and the American Medical Association.

WIDOWS AND ORPHANS COMMITTEE.

The Committee for the disbursement of the Fund for the Relief of Widows and Orphans of Deceased Members has extended aid to two beneficiaries during the year. One of these, the daughter of a deceased member, has been supplied with clothing, and Easter, Thanksgiving and Christmas boxes of food. This is a necessitous case, and the Committee has felt that regular aid should be given her each year. The total spent in this case was \$30.43. The other case was that of an aged physician and his family, who have benefited to the extent of \$95.00. This family has made insistent and repeated demands on the resources of the Committee, as well as on the various members of the profession, and I have been asked to state in this report, and to give as wide circulation as possible the fact, that those interested in this family feel that the greatest kindness that we as a Committee, and the profession at large, can do for them would be to withhold all aid in future. This decision was reached after repeated conferences with those who understand the facts in the case, and know that the money given in response to these appeals is not wisely used.

G. W. MITCHELL,
Chairman.

BOARD OF MEDICAL EXAMINERS.

The report by the Board of Medical Examiners for 1919 is wholly perfunctory, and is submitted only in compliance with the law's requirement, there being nothing of special interest occurring in Examination or Licensure during the past year.

As every business and avocation, whatever its nature and purposes, was demoralized and dislocated from its ordinary relationships by the horror of the ages, and in which we yet linger, so it was with the medical profession. War's demands upon the doctor for service were absolutely inexorable.

Without sanitary, medical surgical and hospital service, which could only be provided by the united effort of our profession, the army's helplessness would be as conspicuous as if shell fire had destroyed its supplies and munitions.

The medical men throughout the land, from hamlet, town and city, eagerly offered themselves to the service of their country. Staffs of hospitals, members of the teaching bodies of medical colleges, and of the student body,—from the highest and most widely known surgeons, physicians, specialists, down to students, who if they could not go as "doctors" freely offered themselves as ambulance drivers and stretcher bearers—all answered the call and supported their government with a unity, loyalty and efficiency unsurpassed in any of the departments of that great army whose unconquerable will and courage brought us the victory.

Of course, in the attending disruption, Examining and Licensing boards everywhere found the usual conditions and procedures so radically changed, that the great and pressing question was not how to qualify as a doctor, but how to expedite admissions of doctors into the Army.

As certification of Medical Licensure was required by the Government as a prerequisite to consideration of application for admission to Medical Service, it was gratifying that the Board's records assisted greatly in facilitating these applications.

The influence of the war upon Medical examination and Licensure, in which America had so recently engaged, was found in the Class of June 1918, numbering fifty-nine, whereas the classes for the June Examinations had frequently exceeded one hundred and fifty.

During the summer and autumn of 1918, as can be readily understood from the disturbed and interrupted medical education throughout the country, there was but little material for examination for licensure. Recognizing this fact, and noting that inquiries concerning the examination usually held in December were practically nil, the Board determined to dispense with this examination and thus far neither inconvenience nor hardship appear to have resulted.

The June examination will be held as usual.

Following demobilization, we have noted that medical men returning to civil practice are evincing much interest in their relocation and we are receiving many inquiries as to conditions affecting medical licensure in Maryland. Many have been impressed by the beautiful and productive country, the attractive and thrifty towns and cities, and the widespread appearance of comfort and prosperity of the people they have encountered in their movements in and through the state.

Others having no special property or personal ties to hold them to the fields in which they were working when they left for the military service, disposed of their practice, not expecting the war would end so speedily, and now find themselves obliged to seek new locations. To this class particularly, the charms of Maryland and the manifest happiness and prosperity of her inhabitants appear to have had great influence, judging from the statements in numerous letters seeking information as to licensure through reciprocity.

The indications, therefore, are quite positive that, as a result of the war, Maryland will not experience a scarcity of doctors either in numbers or talent. The time is not yet for intelligent discussion of the service the war has rendered in revealing the great possibilities and benefits which will result from higher attainments in medicine, nor can any one as yet speak with truth and authority of the service rendered by the Medical Profession in the great war. It is already known that 90 per cent of the wounded who survived the first six hours were saved, and that of those who reached the field hospitals, 95 per cent were saved. Does not this heretofore unattained triumph suggest that the occasion is here for bringing into civil life a training and standard of living akin to that which made the American Army ready to cope with any situation and fit for any duty?

DR. J. MCPHERSON SCOTT,
Secretary.

SEMI-ANNUAL MEETING.

At a recent meeting of the Council it was decided not to hold the regular Semi-Annual Meeting this year; but to unite with the Baltimore City Medical Society and hold a special meeting to launch a campaign to clear off the \$15,000.00 debt which remains unpaid on the Faculty Building. It is hoped that not only the amount to meet the debt will be raised, but that a sufficient sum to erect two additional book stacks may be secured, as they are needed badly.

**SUMMARY OF RESULTS OF EXAMINATIONS HELD BY THE
BOARD OF MEDICAL EXAMINERS OF MARYLAND,
JUNE 18, 19, 20, and 21, 1919.**

	COLLEGE OF GRADUATION											AVERAGE
		ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY	TOTAL	
1	Hopkins Med., '19.....	86	99	91	97	87	99	96	100	87	842	94
2	Hopkins Med., '19.....	78	79	91	82	81	95	82	89	75	752	84
3	Hopkins Med., '19.....	77	96	90	92	89	78	93	80	84	779	87
4	Univ. of Md., '18.....	75	97	76	94	88	88	91	92	78	779	85
5	Howard Med., '18.....	..	..	75	85	..	..	83	88	75	..	..
6	Hopkins Med., '19.....	72	97	75	95	88	94	88	85	93	787	88
7	Hopkins Med., '19.....	70	96	93	93	90	87	81	89	93	792	88
8	Univ. of Md., '19.....	69	91	76	82	88	96	92	81	80	755	84
9	Hopkins Med., '19.....	Failed to appear										..
10	Hopkins Med., '18.....	63	84	80	73	90	90	83	84	90	737	82
11	Hopkins Med., '19.....	83	98	92	97	88	97	81	71	98	805	89
12	Univ. of Md., '18.....	71	94	70	78	80	86	75	79	70	703	78
13	Hopkins Med., '19.....	67	91	90	92	77	90	91	100	88	786	87
14	Hopkins Med., '18.....	90	94	95	92	88	99	77	78	85	798	89
15	Hopkins Med., '19.....	80	96	94	98	91	100	88	94	99	860	96
16	Univ. of Md., '19.....	82	92	83	94	88	90	91	83	85	788	88
17	Univ. of Md., '18.....	60	91	73	74	89	75	85	88	52	687	76
18	Hopkins Med., '19.....	55	96	85	94	86	91	91	93	84	775	86
19	Hopkins Med., '19.....	89	97	90	99	83	100	82	88	86	814	90
20	Jefferson Med., '19.....	87	96	74	86	92	78	86	84	81	764	83
21	Long Island.....	77	..	..	..	..	90	..	94	90	..	..
22	Hopkins Med., '19.....	88	96	89	84	90	95	93	100	92	827	92
23	Hopkins Med., '19.....	..	..	..	..	..	..	..	..	..	..	..
24	Hopkins Med., '11.....	56	73	84	77	79	88	77	73	68	675	75
25	Hopkins Med., '17.....	55	94	90	77	86	87	76	83	90	738	82
26	Univ. of Md., '18.....	64	76	75	78	76	95	75	79	82	700	78
27	Hopkins Med., '19.....	67	96	90	86	87	94	81	90	87	778	86
28	Hopkins Med., '19.....	86	97	92	92	87	100	87	88	94	823	91
29	Hopkins Med.....	82	..	..	..	..	95	81	..	75	..	..
30	Jefferson, '18.....	77	95	82	89	86	90	87	86	83	775	86
31	Hopkins Med., '19.....	80	95	80	88	81	98	67	90	84	763	85
32	Hopkins Med., '19.....	78	82	86	74	79	100	78	98	88	763	85
33	Hopkins Med., '18.....	78	97	90	93	82	93	89	96	88	806	87
34	Hopkins Med., '19.....	72	92	91	92	93	95	82	93	90	800	89
35	Hopkins Med., '19.....	85	96	82	85	84	89	78	83	88	770	86
36	Univ. of Md., '18.....	79	95	76	92	79	82	88	75	58	724	80
37	Univ. of Md., '19.....	80	96	89	93	92	95	80	75	73	773	86
38	Hopkins Med., '19.....	86	96	82	91	83	97	81	85	92	793	88
39	Univ. of Md., '18.....	50	95	77	92	85	68	80	85	75	707	78
40	Hopkins Med.....	76	..	..	..	..	100	86	..	97	..	..
41	Hopkins Med., '19.....	89	97	92	94	92	100	82	88	84	818	91
42	Univ. of Md., '18.....	78	97	85	98	93	92	84	95	90	812	90
43	Hopkins Med., '19.....	92	95	92	100	90	100	86	89	92	836	93
45	Univ. of Md., '18.....	58	92	75	67	85	87	80	71	75	690	77
46	Univ. of Md., '18.....	61	93	75	88	85	89	80	77	80	738	82

COLLEGE OF GRADUATION		ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY	TOTAL	AVERAGE
YEAR	COLLEGE											
47	Hopkins Med., '18	98	96	90	92	92	98	90	97	93	846	93
48	Univ. of Md., '12	72	92	74	91	88	75	77	86	85	675	75
49	Univ. of Md., '19	65	97	83	95	81	92	75	86	82	756	84
50	Univ. of Md., '18	61	93	63	88	86	63	72	72	60	658	73
51	Univ. of Md., '18	51	89	75	97	80	85	76	75	63	691	77
52	Univ. of Md., '19	74	93	83	88	88	76	83	76	81	742	82
53	Univ. of Md., '19	69	93	80	92	89	90	82	85	82	762	85
54	Univ. of Md., '19	78	94	70	90	85	79	61	65	76	698	78
55	Hopkins Med., '18	73	91	82	87	82	87	79	85	82	748	83
56	Univ. of Md., '19	94	94	84	96	90	100	95	89	92	834	93
57	Univ. of Md., '19	89	97	89	92	91	87	84	78	88	795	88
58	Univ. of Md., '19	88	87	83	93	81	97	83	93	78	783	87
59	Hopkins Med.	67	..	..	..	..	96	70	..	83	..	..
60	Hopkins Med., '17	80	99	98	..	90	..	82	83	91	623	69
61	Univ. of Md., '19	51	89	75	97	80	85	76	75	63	691	77
62	Hopkins Med., '19	73	94	82	86	88	80	92	77	76	748	83
63	Hopkins Med., '19	88	95	89	89	94	98	90	100	93	836	92
64	Univ. of Md., '18	80	96	78	94	85	70	77	61	78	719	79
65	Univ. of Md., '19	75	97	80	95	84	78	86	73	75	743	82
66	Univ. of Md., '19	74	97	80	94	89	75	89	88	76	762	86
67	Hopkins Med., '19	75	93	80	87	80	98	75	84	80	752	84
68	Hopkins Med., '18	50	71	76	61	73	89	75	80	84	659	73
69	Hopkins Med., '19	84	92	93	95	88	100	85	100	85	822	91
70	Univ. of Md., '19	77	93	76	97	88	88	88	93	90	790	87
71	Wash. Univ. St. Louis, '18	79	97	85	90	86	98	78	87	84	784	87
72	Univ. of Md., '19	77	96	82	90	87	93	91	80	84	730	87
73	Hopkins Md., '19	80	96	84	98	90	93	87	89	80	797	89
74	Hopkins Med., '19	73	97	98	93	83	98	86	93	91	812	90
75	Hopkins Med., '19	77	88	85	79	85	100	75	91	78	758	84
76	Hopkins Mcd., '19	72	96	81	90	84	85	84	94	96	782	85
77	Hopkins Med., '19	78	94	83	82	81	96	75	89	92	779	86
78	Hopkins Med.	84	..	..	..	..	100	87	..	97	..	..
79	Hopkins Med., '19	71	96	98	96	93	100	91	41	93	779	87
80	Hopkins Med., '19	90	90	88	92	82	95	84	91	91	803	89
81	Hopkins Med., '19	86	96	85	93	89	100	92	100	91	832	91
82	Hopkins Med., '18	80	96	89	100	94	100	79	86	90	814	90
83	Hopkins Med., '19	80	94	90	96	84	98	90	90	94	816	91
84	Hopkins Med., '19	94	96	93	100	89	94	75	93	95	829	92
85	Meharry Med., '16	51	..	..	81	..	..	..	..	..	..	..
86	Hopkins Med., '18	96	82	93	93	85	97	93	94	95	828	92
87	Hopkins Med., '19	60	96	85	82	84	96	76	81	92	752	84
88	Univ. of Md., '17	82	87	76	97	88	80	86	89	95	780	87
89	Hopkins Med., '19	82	95	85	85	85	95	80	84	91	782	88
90	Hopkins Med., '19	85	96	76	72	86	95	81	79	88	759	85
91	Hopkins Med.	72	..	..	..	..	65	67	..	75	..	..

	COLLEGE OF GRADUATION	EXAMINATION										TOTAL	AVERAGE
		ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY			
92	Hopkins Med., '19.....	90	92	85	88	86	95	81	91	97	805	89	
93	Hopkins Med., '19.....	71	94	97	94	86	100	87	78	95	802	89	
94	Hopkins Med., '19.....	48	97	82	87	88	82	62	66	84	696	77	
95	Univ. of Md., '19.....	45	90	76	91	77	62	79	73	82	675	75	
96	Hopkins Med.....	71	..	..	..	..	85	79	..	88	..	..
97	Univ. of Md., '19.....	88	95	83	85	91	95	90	73	82	782	87	
98	Hopkins Med., '19.....	93	97	90	98	89	95	80	94	91	827	92	
99	Hopkins Med., '18.....	89	95	92	97	88	97	77	88	90	813	90	
100	Hopkins Med., '19.....	80	94	95	88	86	89	80	95	89	796	88	
101	Univ. of Md., '19.....	82	96	88	94	83	100	79	84	95	801	89	
102	Hopkins Med., '19.....	69	96	80	77	80	90	87	82	79	738	82	
103	Univ. of Md., '19.....	Failed to appear										..	
104	Hopkins Med., '19.....	68	94	85	60	79	80	78	63	88	695	78	
105	Univ. of Md., '18.....	47	94	77	88	85	80	69	82	76	698	78	
106													
107	Hopkins Med.....	Failed to appear										..	
108	Hopkins Med.....	85	..	..	..	..	92	66	..	91	..	..
109	Meharry Med., '18.....	82	88	77	77	78	87	90	76	80	735	82	
110	Meharry Med., '18.....	91	91	75	90	79	75	88	75	80	744	83	
111	Univ. of Md., '19.....	72	96	80	98	91	95	80	85	95	792	88	
112	Meharry Med., '18.....	70	77	76	84	76	87	69	76	76	691	77	
113	North West Univ., '18.....	74	94	65	82	83	90	82	81	80	731	81	
114	Hopkins Med., '19.....	90	97	94	99	94	100	97	100	100	871	98	
115	Hopkins Med., '19.....	81	84	..	87	76	..	..	92	76	..	..
116	Meharry Med., '19.....	83	84	80	86	79	96	93	95	91	703	78	
117	Univ. of Md., '18.....	72	93	75	88	87	68	84	85	70	722	80	
118	Univ. of Md., '19.....	59	93	69	81	86	83	85	88	50	694	77	
119	Univ. of Md., '17.....	56	88	72	79	75	49	72	71	53	615	68	
120	Maryland Med., '13.....	..	..	..	..	..	53	..	..	40	..	..
121	Howard Med., '15	78	95	88	88	80	93	80	83	78	763	85	
122	Hopkins Med., '19.....	50	81	75	81	79	93	76	93	80	708	79	
123	Univ. of Md.....	98	..	..	..	..	98	93	..	86	..	..
124	Univ. of Md.....	78	..	..	..	..	94	87	..	69	..	..
125	Univ. of Md.....	84	..	..	..	..	90	83	..	88	..	..
126	Univ. of Md.....	70	..	..	..	..	91	91	..	90	..	..
127	George Wash. Univ. '18.....	57	74	68	82	85	87	86	83	65	687	76	
128	Univ. of Md.....	89	..	..	..	..	96	89	..	92	..	..
129	Univ. of Md.....	94	..	..	..	..	100	97	..	93	..	..

In the above summary an average of 75 is required of those participating in the examination for the first time in order to secure a license. Those who have failed are eligible to re-examination at the expiration of six months. They are then obliged to receive a rating of 75 in each branch in which they are re-examined before license can be issued. Under the Maryland laws, students who, at the end of their second year, have successfully passed their college examination in Anatomy, Chemistry,

Materia Medica and Physiology, are entitled to examination by the Board of Medical Examiners in these branches. The ratings made by these students in the examination known as the "second-year examination" are carried forward and made part of the final examination, when an average of 75 must be obtained to secure a license. We trust that this statement will make clear the apparently incomplete examination of certain participants.

QUESTIONS.

CHEMISTRY.

1. Name the three great branches of chemistry that you have studied and tell briefly what is included in each one.
2. Give names and formulas of 4 salts of each of the following: (a) Sodium, (b) Iron, (c) Mercury.
3. Write the equations representing the chemical reactions between (a) Sulphuric acid and barium chloride, (b) Hydrochloric acid and zinc, (c) Lime water and carbon dioxide.
4. Define and illustrate the terms acids, bases and salts.
5. Define isotonic, hypotonic and hypertonic solutions.
6. Name the principal organic acids.
7. How is urea formed in the body? Give a method for estimation of urea in the urine.
8. How would you determine whether phosphates or urates were the cause of turbidity of the urine.
9. Tell how to test for free hydrochloric acid in gastric contents.
10. What are proteins.

DR. HENRY T. COLLENBURG,
Examiner.

Wednesday morning, June 18, 1919.

OBSTETRICS AND GYNECOLOGY.

1. Define position, presentation.
2. Give symptoms of threatened and inevitable abortion with differential diagnosis.
3. Describe the changes that take place in the uterus during pregnancy.
4. Give differential diagnosis between appendicitis and ectopic gestation on the right side.
5. How would you manage an occiput posterior presentation.
6. What is "the lochia," describe it fully.
7. What is meant by "missed labor," and give symptoms.
8. Give symptoms and treatment of eclampsia.
9. Give symptoms and treatment of submucous myomata.
10. Give usual clinical history obtained in cancer of uterus.

DR. JOHN L. RILEY,
Examiner.

Wednesday afternoon, June 18, 1919.

THERAPEUTICS.

1. Give the therapy of three salts of hydrargyrum.
2. Give the therapy of three salts of potassium.
3. Write a prescription in Latin, without abbreviations, containing four ingredients (one being a preparation of arsenic) stating condition for which used.
4. Write two prescriptions, each showing a chemical incompatibility, and explain.
5. State the medicinal and dietetic uses of saccharum.
6. Give the therapy of thyroid, indications and contraindications for its use and mode of administration.
7. What drugs modify arterial tension? Explain modus operandi.
8. Explain the action of diphtheria and tetanus antitoxin, as prophylactic and curative agents.
9. Give the therapy of ergot in parturition.
10. Give indications for use of glonoinum.
11. In marked cyanosis, leaky skin, labored respiration, with impending pulmonary effusion, due to cardial inefficiency, what would be your therapy?

Answer ten, of which question eleven must be one.

DR. J. McPHERSON SCOTT,
Examiner.

Thursday morning, June 19, 1919.

MATERIA MEDICA.

1. Name the official preparations and give dose of digitalis, casearia sagrada, ipecacuanha, and strophanthus.
2. Give the adult dose of the following drugs, using the official terms: Fowler's solution of arsenic; tincture nux vomica; laudanum; corrosive sublimate; Norwood's tincture varatrum; sweet spirits nitre; fluid extract ergot; tincture belladonna.
3. Write a prescription for 36 pills or capsules, for an adult, containing iron, quinine, strychnia, arsenic and gentian, to be given three times a day, and state when best to be given.
4. Mention and describe the methods of introducing medicine into the system; and state the relative effect of the several methods; and how the dose varies.
5. Define toxins and antitoxins, and mention some conditions in which serum therapy has proven successful.
6. Name and give adult dose of three diuretics; three emetics; three anti-pyretics; three emmenagogues; three diaphoretics; and three antisepsics.
7. (a) Define anesthetics, and state difference between general and local anesthetics. (b) Name those of each class most generally used.
8. State some of the circumstances modifying the effect of drugs; and give method for calculating dose for children and females.
9. Give the strength of the following solutions to be used in the eye: silver nitrate; zinc sulphate; boric acid; and cocaine.
10. Name three drugs used to lower blood pressure, and give dose of each.

DR. LEWIS A. GRIFFITH,
Examiner.

Thursday morning, June 19, 1919.

PHYSIOLOGY.

1. (a) Describe the origin of the various constituents of the blood. (b) Where are the red corpuscles supposed to be destroyed? (c) Give some of the causes for an increase or decrease of white corpuscles.
2. (a) What is blood pressure? (b) Give method of ascertaining, and the average systolic pressure in male and female.
3. (a) Into what general classes are foods divided? (b) Give examples of each. (e) Give function of each class in the nutritive process.
4. Describe the physiology of menstruation.
5. Urine: (a) The composition; specific gravity; reaction; and average quantity passed in health during 24 hours. (b) State also the most frequent abnormal ingredients of the urine.
6. What are the functions of (a) The cornea? (b) The retina? (c) The iris?
7. What is accomplished physiologically by the portal circulation?
8. Bile: (a) The functions, ingredients, and how secreted. (b) Give tests for bile salts and bile acids.
9. Describe the action of the vasmotor nerves.
10. What are the functions of the cerebellum?

DR. LEWIS A. GRIFFITH,
Examiner.

Thursday afternoon, June 19, 1919.

PATHOLOGY.

1. Deserive the bony changes occurring in rickets.
2. Describe the beef tape worm, and its life history.
3. Describe the gross post mortem changes evident in a marked case of chronic passive congestion.
4. Discuss edema; and give examples of the different types.
5. Give the description of carcinoma of the breast, gross and microscopic appearances, and metastatic phenomena.
6. What is your conception of the manner in which a tuberculous infection is implanted in a lung.
7. Describe an inflammatory reaction.
8. Describe a case of pyelitis from a pathological and etiological standpoint.
9. Describe Spirochaeta pallida, and method for demonstrating same.
10. Describe in detail a method of preparing tissue for microscopical examination.

DR. HENRY M. FITZHUGH,
Examiner.

Friday morning, June 20, 1919.

PRACTICE OF MEDICINE.

1. Differentiate between typhoid fever and acute miliary tuberculosis.
2. Give differential diagnosis between gastric ulcer and carcinoma of the stomach.
3. Name the different varieties of stomatitis. Give treatment for two of them.
4. Define locomotor ataxia (tabes dorsalis) and give its symptoms and treatment.
5. Give the symptoms and treatment of acute catarrhal croup in a child 3 years of age.
6. Give the mode of transmission, period of incubation, symptoms and prophylaxis of rabies.

7. Differentiate between hysteria and epilepsy. Name the varieties of epilepsy and discuss its treatment.
8. Give the symptoms of acute tonsillitis. Name the organisms usually found, and the treatment in full.
9. Name the periods of incubation and of isolation in cases of smallpox; diphtheria; mumps; scarlet fever and anterior poliomyelitis.
10. Give course, prognosis, and treatment of acne vulgaris.

DR. E. E. WOLFF,
Examiner.

Friday afternoon, June 20, 1919.

SURGERY.

1. Symptomatology and treatment of acute catarrhal otitis media.
2. Give symptoms, diagnosis and treatment of acute glaucoma.
3. Give symptoms, diagnosis and treatment of tuberculous disease of the hip.
4. Give differential diagnosis between a fracture of the surgical neck of the humerus and a dislocation of the shoulder joint.
5. Give varieties of the ileus and some of the causes of each. Outline treatment.
6. Describe the fractures commonly designated as: (a) Colles' fracture. (b) Pott's fracture. Give treatment of each.
7. Describe a rodent ulcer. Give their common locations and treatment.
8. State the avenues and possible points of metastasis of a malignant growth of the breast. On what symptoms and signs may an early diagnosis of cancer of the breast be based?
9. Give symptoms and treatment of acute osteomyelitis.
10. Give the differential diagnosis between carcinoma of the stomach and pernicious anemia.

DR. HARRY L. HOMER,
Examiner.

Saturday morning, June 21, 1919.

ANATOMY.

1. What arteries supply the heart with blood, and where do they originate?
2. Describe the temporal bone.
3. Name varieties of articulation and give example of each.
4. What glands are in small intestines and where located?
5. Give brief description of the lymphatic system.
6. Locate deltoid, glenoid and Poupart's ligaments..
7. (a) What are the divisions of the brain? (b) Name the principal fissures. (c) What fissures divide each hemisphere into lobes? (d) Name the lobes of the brain. (e) Of what does the corpus callosum consist?
8. Describe the knee joint with overlying structures and muscular attachments in immediate vicinity.
9. Attachments, action and nerve supply of following muscles: (a) Teres major. (b) Rhomboidei. (c) Pectoralis minor. (d) Psoas magnus.
10. Describe the palmar arches.

DR. HERBERT HARLAN,
Examiner.

Saturday afternoon, July 21, 1919.

HONOR ROLL.

That the records may be complete for every physician who served our country (draft boards included) this questionnaire has been sent to all members known to be in service. Those who did not receive a copy are asked to fill out this page and return at once to the Memoir Committee, 1211 Cathedral Street.

QUESTIONNAIRE.

War service of Maryland physicians, who are members
of the component societies of
THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

Name.	Age.	Single.
Address.		Married.

Medical College.	Class.
------------------	--------

Military Service before the World War.	Rank.
--	-------

Organization.	Length of service.
---------------	--------------------

Date of entry into U. S. Service, WORLD WAR.

Rank on entry.

1st station.	Name each, giving full history of organization attached to and positions filled.
--------------	--

2d station, etc.

Wounded, gassed or otherwise injured.

Citations, decorations, etc.	Give full history, including the orders conferring the honors.
------------------------------	--

Promotions.

Rank at discharge.

Date of discharge.

Remarks.

Date information is furnished.

OFFICERS AND COMMITTEES FOR 1919

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Philip Briscoe

J. E. Deets

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Committees

Scientific Work and Arrangements.—Alexius McGlannan, A. G. Rytina, Emil Novak.

Library Committee.—J. W. Williams, H. B. Jacobs, Harry Friedenwald, R. B. Warfield, L. F. Barker.

Finney Fund Committee.—H. L. Naylor, J. W. Williams, John Ruhräh, R. B. Warfield, L. F. Barker.

Delegates to A. M. A..—Randolph Winslow; *alternate*, C. B. Claybrook; T. S. Cullen; *alternate*, Charles O'Donovan.

Public Instruction.—Albert Keidel, Harry Goldberg, C. R. Austrian, D. B. Casler, J. H. Pleasants.

Post Graduate Work and Instruction.—Jefferies Buck, H. W. Buckler, J. H. M. Knox, C. W. Larned, G. E. Bennett.

Midwifery Law.—F. V. Beitler, Karl Wilson, G. W. Dobbin, J. W. Williams, Philip Briscoe.

Memoir.—T. P. McCormick, W. M. Dabney, T. F. Leitz, W. B. Platt, F. D. Sanger.

Fund for Widows and Orphans.—G. W. Mitchell, Anna S. Abercrombie, W. W. Requardt, P. L. Travers, E. H. Hinman.

Defense of Medical Research.—T. S. Cullen, W. R. Stokes, Standish McCleary, S. R. Miller, W. S. Baer.

Medical Education.—Herbert Harlan, J. W. Williams, J. M. H. Rowland.

Legislative Committee.—F. V. Beitler, H. Harlan, J. S. Bowen.

STATE PRACTICE ACT

State Board of Medical Examiners.—Herbert Harlan, J. McP., Scott, Harry L. Homer, J. L. Riley, H. M. Fitzhugh L. A. Griffith, E. E. Wolf, H. T. Collenberg.

Regular Meetings of the Board of Medical Examiners of Maryland.—Fourth Tuesday in April; first Tuesday in June; first Wednesday in October; first Wednesday in December,

Regular Examinations.—Examinations are held in Baltimore. Third Tuesday in June for four consecutive days. Second Tuesday in December for four consecutive days.

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Information connected with Medical Examinations and licensure by addressing Secretary, J. McP. Scott, Hagerstown, Md.

MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

NOTE.—*Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies*

BALTIMORE CITY MEDICAL SOCIETY, President, GUY L. HUNNER; Vice-President, H. G. BECK; Secretary, EMIL NOVAK; Treasurer, W. S. GARDNER; Censors, J. M. HUNDLEY, J. S. CULLEN, R. WINSLOW; Delegates, T. S. CULLEN, S. McCLEARY, L. HAMMAN, G. W. MITCHELL, H. E. PETERMAN, E. NOVAK, F. R. SMITH, N. E. B. IGLEHART, H. JONES, E. H. HUTCHINS, E. R. OWINGS. SECTION OF CLINICAL MEDICINE AND SURGERY. First and Third Fridays, 8.30 P.M., October to May. Chairman, J. STAIGE DAVIS, M.D.; Secretary, E. B. FREEMAN, M.D.

SECTION OF DERMATOLOGY. Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PELS, M.D.

SECTION OF GYNECOLOGY AND OBSTETRICS. Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNGOLOGY. Fourth Fridays monthly, 8.30 P.M. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.

SECTION OF MEDICAL EXAMINERS. Third Fridays in November and March. Chairman, J. D. IGLEHART, M.D.; Secretary, W. E. MAGRUDER, M.D.

SECTION OF NEUROLOGY. Second Friday, monthly. Chairman, C. M. BYRNES, M.D.; Secretary, D. D. V. STUART, M.D.

SECTION OF OPHTHALMOLOGY AND OTOTOLOGY. Third Wednesdays. Chairman, E. A. KNORR, JR., Secretary, E. A. LOOPER.

ALLEGANY COUNTY MEDICAL SOCIETY. President, E. B. CLAYBROOK, Cumberland; Secretary, H. V. DEMING; Treasurer, F. G. COWHERD, Cumberland, Md.; Delegate, A. H. HAWKINS. Second Wednesdays of January, April, July and October; annual meeting in January.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY. President, J. O. PURVIS, Annapolis, Md.; Secretary, F. E. WEITZMAN, Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, L. B. HENKEL. Second Tuesday of January, April, July and October.

BALTIMORE COUNTY MEDICAL SOCIETY. President, F. W. KEATING, Owings Mills, Md.; Secretary-Treasurer, ALFRED GUNDY, Catonsville, Md.; Delegates, H. L. NAYLOR, J. S. BOWEN, Mt. Washington, Md. Third Wednesdays, at 2 P.M.

CALVERT COUNTY MEDICAL SOCIETY. President, W. H. MARSH, Solomon's, Md.; Secretary-Treasurer, J. W. LEITCH, Huntingtown, Md.; Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.

CAROLINE COUNTY MEDICAL SOCIETY. President, S. S. STONE, Ridgely, Md.; Secretary-Treasurer, J. R. DOWNES, Preston, Md.; Delegate, J. C. MADARA, Ridgeley, Md.

CARROLL COUNTY MEDICAL SOCIETY. President, D. B. SPRECHER, Sykesville, Md.; Secretary-Treasurer, H. M. FITZHUGH, Westminster, Md.; Delegate, M. D. NORRIS. April, July, October. December; annual meeting in October.

CECIL COUNTY MEDICAL SOCIETY. President, T. J. CONROY, Chesapeake City, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, J. S. DARE, Rising Sun. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.

CHARLES COUNTY MEDICAL SOCIETY. No active organization.

DORCHESTER COUNTY MEDICAL SOCIETY. President, F. H. NICHOLS, E. Newmarket, Md.; Secretary-Treasurer, E. E. WOLFF, Cambridge, Md.; Delegate, JOHN MACE, Cambridge Md. Meetings first Tuesday in June and December.

FREDERICK COUNTY MEDICAL SOCIETY. President, H. P. FAHRNEY, Frederick, Md.; Secretary, J. M. GOODMAN, Frederick, Md.; Treasurer, E. L. BOWLUS, Middletown, Md.; Delegate, I. J. McCURDY. January, April, August and November.

HARFORD COUNTY MEDICAL SOCIETY. President, P. F. SAPPINOTON, Behair, Md.; Secretary-Treasurer, DR. CHARLES BAILEY, Bagley, Md.; Delegate, W. S. ARCHER, Second Wednesdays in January, March, May, July, September and November.

HOWARD COUNTY MEDICAL SOCIETY. President, W. N. GASSAWAY, Ellicott City, Md.; Secretary-Treasurer, FRANK O. MILLER, Ellicott City, Md.; Delegate, W. R. WHITE. Meetings (quarterly) first Tuesdays in January, April, July and October.

KENT COUNTY MEDICAL SOCIETY. President, H. G. SIMPERS, Chestertown, Md.; Secretary-Treasurer, F. B. HINES, Chestertown, Md.; Delegate, F. B. HINES.

MONTGOMERY COUNTY MEDICAL SOCIETY. President, E. W. WHITE, Poolesville, Md.; Secretary-Treasurer, E. L. BULLARD, Rockville, Md.; Delegate, J. E. DEETS. Third Tuesdays in January, April, July and October.

PRINCE GEORGE'S COUNTY MEDICAL SOCIETY. President, H. B. McDONNELL, College Park, Md.; Secretary, R. A. BENNETT, Riverdale, Md.; Treasurer, W. ALLEN GRIFITH, Berwyn, Md.; Delegate, H. B. McDONNELL. Second Saturday of January, April, July, October.

QUEEN ANNE'S COUNTY MEDICAL SOCIETY. President, W. W. BOWEN, Price, Md.; Secretary-Treasurer, H. F. MCPHERSON, Centerville, Md.; Delegate, W. H. FISHER. ST. MARY'S COUNTY. No active organization.

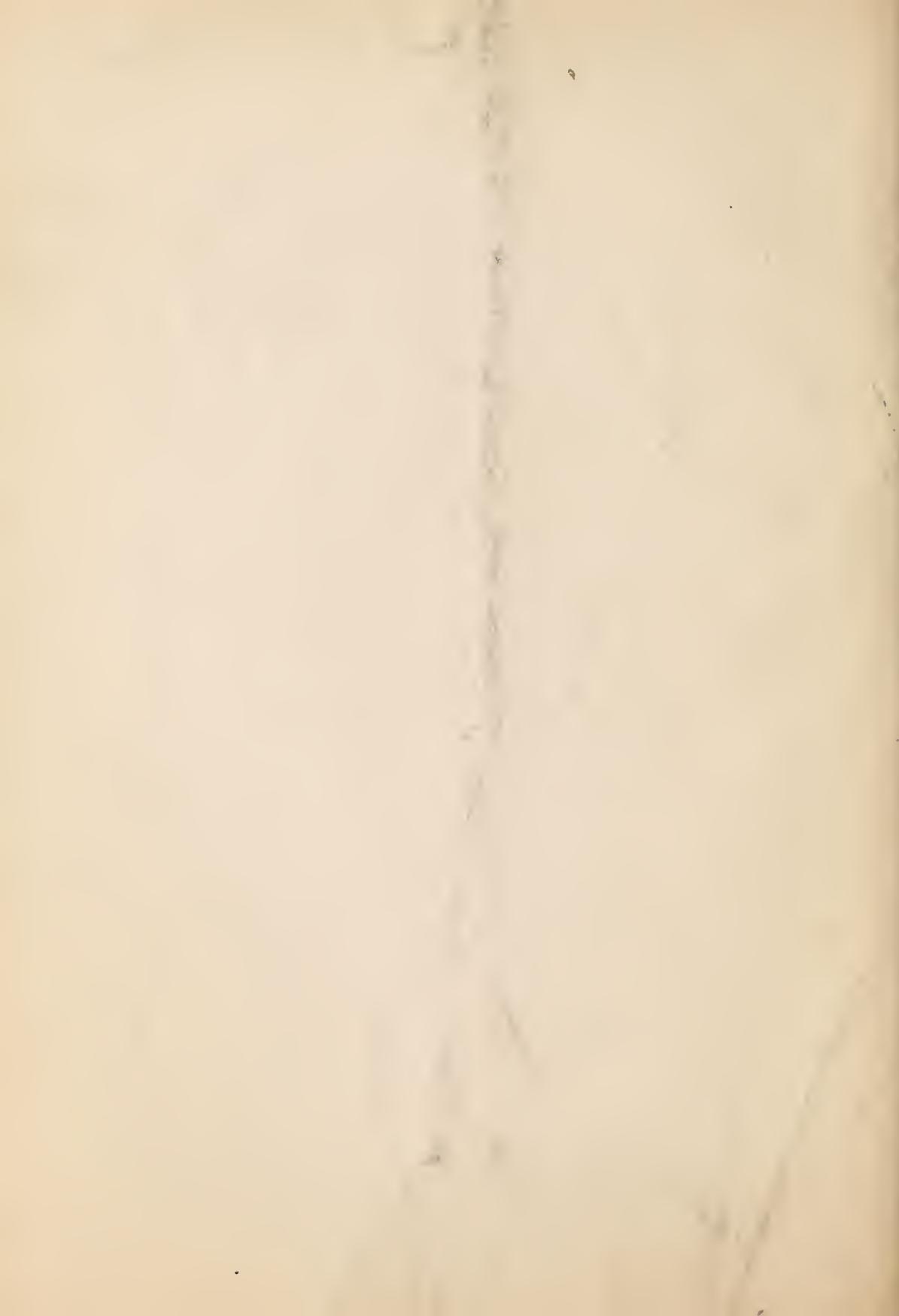
SOMERSET COUNTY MEDICAL SOCIETY. President, G. C. COULBOURNE, Marion Station, Md.; Secretary-Treasurer, H. M. LANKESTAD, Princess Anne, Md.; Delegate, G. T. ATKINSON. First Tuesday in April at Crisfield; first Tuesday in October at Princess Anne.

TALBOT COUNTY MEDICAL SOCIETY. President, J. H. HOPE, St. Michael's, Md.; Secretary-Treasurer, J. A. ROSS, Trappe, Md.; Delegate, W. S. SEYMOUR. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

WASHINGTON COUNTY MEDICAL SOCIETY. President, J. W. HUMRICHOUSE, Hagerstown, Md.; Secretary, W. D. CAMPBELL, Hagerstown, Md.; Treasurer, J. E. PITNOOKE, Hagerstown, Md.; Delegate, VICTOR D. MILLER. Second Thursday.

WICOMICO COUNTY MEDICAL SOCIETY. President, J. M. ELDERDICE, Mardela Springs; Secretary and Treasurer, H. S. WAILES, Salisbury, Md.; Delegate, G. W. TODD.

WORCESTER COUNTY MEDICAL SOCIETY. President, PAUL JONES, Snow Hill, Md.; Secretary and Treasurer, R. LEE HALL, Pocomoke City, Md., Delegate, PAUL JONES. Snow Hill, Md.



ANNUAL MEETING--MAY 11-13, 1920

THE BULLETIN
OF THE

Medical *and* Chirurgical
Faculty of Maryland



OWNED AND PUBLISHED BY THE ABOVE-NAMED STATE MEDICAL SOCIETY
SOLELY IN THE INTEREST OF THE MEDICAL PROFESSION

1211 CATHEDRAL ST., BALTIMORE MD. 25c. PER ANNUM

VOL. XII

DECEMBER, 1919

No. 3

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THE BULLETIN
OF THE
**MEDICAL AND CHIRURGICAL FACULTY
OF MARYLAND**

CONTROLLED BY THE COUNCIL AND EDITED BY A COUNCILLOR,

DR. HARVEY B. STONE

PUBLISHED MONTHLY EXCEPT JUNE, JULY, AUGUST AND SEPTEMBER

VOL. XII

BALTIMORE, DECEMBER, 1919

No. 3

A MESSAGE FROM OXFORD

In July two letters were received by the President, Dr. John Ruhräh, from Sir William Osler dated the twenty-second and twenty-fourth. In the first he refers to Dr. Ruräh's desire to clear off the Faculty debt by the close of the tenth year, and pledges a contribution of \$1,000 to start the campaign. In the second he encloses the check, "On second thoughts," saying: "It is not a good time to raise money—but it is really a worse time to *save it.*"

These letters and the check were presented to the Library Committee and the Council in the early autumn; and it was decided to hold a rally in Baltimore on November 21, in place of the semi-annual meeting. The Faculty members were the guests of the Baltimore City Medical Society at the Smoker which followed the meeting, and the soliciting committee, under the Direction of Dr. G. Milton Linthicum, reported a large number of subscriptions to the fund. The slogan was to "Clear the debt by January 1st, and complete the book stacks." Both of these being of vital importance to the Faculty at this time.

MEMBERSHIP RECRUITING.

In many parts of the state, and notably in Baltimore City, the membership in the local societies, and hence in the State Faculty and the American Medical Association, falls far short of the number of eligible and desirable medical men there resident. There has been a good deal of shifting about of medical men following the disturbances incident to the war. There are each year a number of recently graduated doctors settling in the various communities. There are always a group of men who have never been led to see the obvious advantages of affiliation with the great organization of American medical men. Each of these groups furnishes working material for the membership committees and executive officers of the local societies. It is to be hoped that their efforts during the coming year may result in a close approximation to the ideal 100 per cent of all desirable medical men as members of our organization. The mutual benefits to the men and to the organization are so clear that this object is well worthy of the necessary effort and time that it will require for its accomplishment.

MEETINGS.

Of the many advantages that accrue to the doctor from membership in the American Medical Association and its state and local societies, perhaps none are so direct and apparent as those to be derived from attendance on meetings. But here as elsewhere, one is apt to get returns in proportion to the investment. The society whose membership will make the effort to prepare good programs, to attend meetings regularly and in force, and to discuss papers thoughtfully and critically will enjoy meetings that amply repay these efforts. Those who have attended meetings in New York and Philadelphia, know how profitable such occasions can be. In the planning of programs several types of subject matter demand consideration; the presentation of scientific and professional papers, the discussion of our duties to the public in such matters as hygiene and public health in its broad sense, the development of professional relations and interests, and the transaction of the business of the society. Each of these groups should appeal to the interests of every doctor, but naturally not with equal force to each man. One will find the attraction of the scientific papers, perhaps in a particular field, of overshadowing importance, and perhaps tolerates rather impatiently other matters that occupy the time of the society, whereas another may conceive that any special scientific subject is a subordinate and detailed issue as compared with the great matters of public health. It is the duty—and no easy one—of those charged with arranging meetings, so to select programs that the

membership as a whole may be best suited, with consequent full attendance upon meetings and active participation. It is a complementary duty of the members to prepare and discuss papers, to broaden and enliven their fields of interest, and to support and extend the activities of the society. We are apt to take established institutions for granted, and it is the human tendency to let someone else worry and work at things that are more or less impersonal and that seem only indirectly to affect our own interests. But these are the causes that lead to dry-rot and stagnation. Where should we be without our medical organizations? What a lonely isolated life the doctor would lead professionally were they to be disbanded! Even the man who rarely attends a meeting knows that he *can* go, that there is a place where his fellows congregate, that if he wishes he *has* access to an excellent library, and has available the support of his organized colleagues in time of need. These things are worth much. They are worth the effort to sustain and strengthen them. And the effort is so simple—attendance at meetings—and its reward is so rich.

SOLIDARITY.

A doctor, brandishing his fist, cried: "I would like to see a Mayor of Baltimore fire a trained and competent Health Commissioner for political reasons, if—." Another said: "An accident insurance company would not dare refuse to pay its just medical bills, if—." A third: "The delay in providing adequate hospital arrangements for contagious diseases would soon end, if—." If what? If the medical profession of this or any other community were universally alive to its duties and responsibilities, firmly and actively united in defense of its rights and privileges, properly organized and wisely led. Are we so at present? We have a good form of organization, but no organization ever ran itself on form alone. Live men even without good organization may accomplish much; good organization without live men accomplishes little. Can you expect men who are busy making a living to spare some of their time and energy for the general medical and community Good? Ask yourself. Is there a better plan than the one we are now following? Is the plan all right, but the spirit sluggish? Can both the plan and the spirit be improved? Ask yourself. If you don't think it worth while, don't bother. But think well before you decide that way. If you think it worth while to improve things, and have a plan to suggest—there is a business meeting where your plan may be introduced. It is your profession. It is your society. It is your city, or country, and state. In the long run all of them, the man, the profession, the society, the city, the county, the state get just about what they are worth. If you are dissatisfied with what you are getting, figure out why.

THE PRESENT FINANCIAL STATUS OF THE FACULTY,
DR. WILLIAM S. GARDNER, TREASURER

To properly appreciate the present financial status of the Medical and Chirurgical Faculty it is necessary to look back upon the history of the Faculty—not to the distant past, but to a time easily within the recollection of a large percentage of the present membership.

In 1895 the April meeting of the Faculty was held in the building at the corner of Saratoga and St. Paul Streets, which for some years had been the home of the Faculty and its library. At this time the membership was less than four hundred and the only property owned was the collection of old books that had come down from the past. The annual receipts were scarcely enough to defray the rather light running expenses.

A few weeks before the Annual meeting of 1895 a resolution was adopted to purchase the property, 847 North Eutaw Street, and to remove the Library to that building. This resolution marks the beginning of better things, and the conversion of a moribund organization into a useful and active one.

Ten thousand dollars were paid for that property and over five thousand were expended for improvements. Within six years this money was raised, chiefly from the contributions of members and in 1901, Dr. Thomas A. Ashby, then treasurer, reported that the Faculty was free of debt. But the stir of growth and progress had been felt and in 1902 Dr. Ashby closed his report with this paragraph:

With the increase of our library new demands are presented. We are already crowded in our present building for space. We should begin at this meeting to consider the advisability of adding to our property or of purchasing a new home for our work. We can not rest on our laurels until a larger building is secured and paid for out of our generosity.

This is the first official statement as to the necessity for a building better than the one then occupied. The agitation of this question ultimately led to the construction of the present building. A year later Dr. George J. Preston, then chairman of the library committee, called attention to the need of a fire proof building to protect the valuable collection of books then the property of the Faculty.

Following the semi-annual meeting at Ocean City in September, 1904, the Osler committee was formed with the idea of carrying out this project. The committee consisted of twenty-seven members. The officers were Dr. Edward N. Brush, then president of the Faculty, chairman, Dr. Henry Barton Jacobs, secretary, and the Hon. Edwin Warfield, treasurer.

During the following year the committee collected a considerable sum of money, but not enough to justify it in beginning the construction of a

building. The activity of the committee waned and in 1907 the President, Dr. Hiram Woods, caused the formation of a new committee by adding to the Osler committee the names of six new members in the place of six members who had either died, resigned, or took no active interest in the work. This new committee was called the Building committee. The chairman and secretary were the same as in the original committee, but Dr. John Ruhräh was made the treasurer and Dr. Arthur P. Herring was made chairman of a special soliciting committee.

The first general subscriptions under the reorganization were received in April, 1907. In October a regular campaign was started.

From the membership of this or these committees, for their active membership was identical, was formed what became known as the Small Building Committee. The chairman of this committee was Dr. G. Milton Linthicum, and the other members were Drs. John Ruhräh, Charles O'Donovan, Hiram Woods, J. Whitridge Williams and Edward N. Brush.

While the larger committee furnished the foundation and rendered much valuable service, the small committee with clear vision, and a faith that was beyond most of us, really put the construction of this building over the top, and too much credit can not be given them for their work. Over \$60,000 were collected by these committees and paid out for the land and the construction of the building.

In 1909 the building fund account was turned over to the treasurer of the Faculty and was kept as a separate account until 1916 when it was closed because no further funds were being received for that specific purpose. In 1909 there was a mortgage of \$28,000 on the building which has since then been reduced to \$15,000. If this were paid off it would release the Faculty of a burden of \$750 annual interest. It is believed that the time has come for a campaign to clear off this debt.

One of the prime objects of the preparation of this paper was to assist in the familiarizing the membership of the Faculty with the special funds held in the treasury: to show their value and to urge their increase.

It is the opinion of the present treasurer that a large general endowment will ultimately be of greater value to the Faculty than numerous funds, the income from which must be devoted to some specified purpose. No one can know just what future needs will be, further than that any growing organization will always need money. We have an excellent nucleus for such a general fund in the Osler Endowment and the Ellis Bequest. Funds given for a definite purpose have a useful field; but my faith in the ability of the future councillors of the Faculty leads me to believe that they will know more about the needs of the Faculty in their time, than any one at the present time can know.

BAKER FUND.

In June, 1830, Dr. Samuel Baker, then president of the Faculty, offered a resolution appropriating \$500 for the purchase of books for a library. This was the beginning of the present library, of which Dr. John Fonnerden was the librarian until his death in 1869.

In 1898 Miss Eloise Baker, a daughter of Dr. Baker, presented to the Faculty a portrait of her father and three book cases for the librarian's office. In 1901 she added to the original gift a \$1000 bond as an endowment fund.

The conditions attached were that the income should be used for the purchase of books on materia medica and therapeutics; that they should be retained in the room of the librarian and that the room should be known as the Baker room.

The reason that the books that were to be purchased from the income of this fund were restricted to those mentioned, is that Dr. Baker was especially interested in them, having been the Professor of Materia Medica and Therapeutics in the University of Maryland School of Medicine.

The fund at this time consists of bonds of the par value of \$1300, the annual interest upon which is \$52.

OSLER ENDOWMENT FUND.

In 1901 Sir William Osler, then Professor of Medicine in the Medical School of the Johns Hopkins University, presented the Faculty with a \$1000 bond yielding \$40 per annum.

There were no specific conditions attached to this gift, and it was evidently intended as the beginning of a general endowment fund, the income from which should be used for any of the legitimate expenses of the Faculty.

The income has been allowed to accumulate and be invested and a few relatively small sums from other sources have been added to it. At present the invested funds have a par value of \$2750 and the annual income \$125.

WIDOWS AND ORPHANS FUND.

This fund was founded in 1903 by Dr. Eugene F. Cordell, then president of the Faculty. It was held by a committee of which Dr. Cordell was chairman until 1907 when it was turned over to the treasurer of the Faculty. At that time it consisted of one bond of the par value of \$500 and \$500 in cash.

At present the par value of the investments is \$3500, and the annual income is \$155.

The income from this fund is in charge of the committee on Widows and Orphans and can be expended at the discretion of the committee for the relief of distress in the families of deceased members of the Faculty.

THE TRIMBLE LECTURESHIP FUND.

This fund was founded by friends of the late Dr. Isaac Ridgeway Trimble as a memorial to him, and was presented to the Faculty in 1910. The money was invested by the committee in bonds of a par value of \$5000 and was given under the following conditions:

The net income so collected shall be paid out once in every three years, beginning with the year 1913, to defray the cost of securing the service of an eminent contributor to the science or art of Medicine or Surgery, for the delivery of one or more lectures at the annual meeting of the Medical and Chirurgical Faculty of the State of Maryland, or at such other time as the council of the said Faculty of the State of Maryland may determine, the selection of the lecturer in each instance to be left to the discretion of the President and Council of the Medical and Chirurgical Faculty.

The lectureship shall be known as The Isaac Ridgeway Trimble Lectureship.

In addition to these provisions it was directed that a suitable bronze medallion of Dr. Trimble be made and presented to the Faculty, and that a small bronze copy of the medallion be presented to each lecturer.

If at any time by subsequent gifts the triennial interest shall amount to more than \$1000 after defraying the cost of the medallion, such surplus shall be added to the principal of the fund until such time as the increased income of the fund may suffice to provide for a lecture or lectures at more frequent intervals, or shall go to increase the honorarium to be paid the lecturer as the President and Council of the Medical and Chirurgical Faculty may determine.

From the income from this fund \$1500 have been paid out for lecturers and \$1025 for a bronze medallion of Dr. Trimble which is now on the walls of this hall, and a sufficient number of small copies to present to lecturers for many years to come.

ELLIS BEQUEST.

Upon the death of Dr. Charles M. Ellis, of Elkton, Md., an ex-president of the Faculty, in June, 1911, the Faculty was notified that by his will he had bequeathed to the Faculty sixty shares of the stock of the National Bank of Elkton, which was to become the property of the Faculty upon the death of Mrs. Ellis. She survived until May 13, 1915, and after certain provisions of the will were complied with the certificate for the stock was delivered to the Faculty in January 1916.

The par value of this stock is \$6000, but the market value is over \$30,000 and the annual income from it is \$1800.

The income may be used for any legitimate Faculty expenses. The only reservation made was that the principal should not be used to pay off the debt on the building.

OSLER TESTIMONIAL FUND.

During the campaign for the building fund the Osler Committee collected \$24,586.46. All of this sum except \$6300 was turned over to the building committee. The latter amount the committee was not at liberty to put into the general building fund. It was kept in bank and in January, 1917, it amounted to \$7276.88. Dr. Henry Barton Jacobs, secretary of the committee, then renewed his efforts to increase the fund and by April of that year it was raised to \$10,000, the latter contributions coming mainly from the members of the Faculty. Soon after the annual meeting Dr. Jacobs turned over to the treasurer of the Faculty securities having a par value of \$10,000 and producing an annual income of \$520.

The intention is that this income "Shall be used for the maintenance of Osler Hall and the purchase of books under the direction of the Library Committee."

It is to be hoped that in the future all maintenance can be paid for out of the current funds and that all of the income from this fund can be expended by the Library Committee for literature on medicine.

CHARLES FRICK LIBRARY.

About the time that the Faculty was preparing to move into the building at 847 North Eutaw Street Dr. Osler suggested to Mr. William F. Frick and to Mr. Frank Frick that they establish, in memory of their brother Dr. Charles Frick who died in 1860, a Charles Frick Library as a part of the library of the Medical and Chirurgical Faculty. They not only accepted the suggestion, but proceeded at once to carry out the proposal. The first year, 1896, they contributed \$1000 to be expended for books and \$950 to pay for the fitting up of a reading room.

The foundation of the Charles Frick Library just at the time the Faculty began to take on new life was not only an extremely valuable acquisition in itself, but acted as a powerful stimulus to further growth. The space required for it and for the new volumes coming from other sources made the call for a better and larger building imperative.

When the Library of the Faculty was moved to 1211 Cathedral Street some of the Charles Frick Library funds were used in fitting up the front second floor room as a Charles Frick reading room.

Dr. Henry Barton Jacobs has always taken a keen interest in the Charles Frick Library and since the removal of Dr. Osler from Baltimore he has kept alive the interest in the library and reading room and has secured all subsequent contributions used to enlarge it.

Up to the present time \$11,880 have been contributed; the greater part of which has been expended from year to year to add books to the library and to furnish the reading room. All of this money except \$1175 contributed by Sir William Osler and \$300 contributed by Mr. Reverdy Johnson, has been given by relatives of Dr. Charles Frick.

I am sure that every member of the Medical and Chirurgical Faculty feels a deep sense of gratitude to the founders of this library, and hopes that in the days to come it will continue to grow and ever remain a fitting memorial to a brilliant physician who was one of the medical leaders of his day.

BOOK AND JOURNAL CLUB.

The Book and Journal Club was founded at the instance of Sir William Osler in 1896 and has continued to the present day. In the twenty-three years since its establishment \$8644 have been contributed by its members. The greater part of this sum has been paid out for subscriptions to journals. This money has come from annual contributions of \$5 each from the members, all of whom are members of the Faculty. For many years the Club supplied half the journals received at the library. In the days before there were any endowment funds of any moment it supplied an absolute necessity, and the friends of the library look to it for much help in the future.

SUMMARY

The present treasurer was elected to office for his first year at the April meeting of 1906. This was long enough after the reorganization of the Faculty for Dr. Ruhräh, who for the preceding year had been both secretary and treasurer, to adjust the dues and obligations of the Faculty to new conditions. This was the first year that the Faculty accounts were kept with the financial year corresponding to the calendar year. The total income for that year was \$5200.50, of which \$3769 came from membership dues and \$80 from endowment funds; but as \$840 of this was borrowed from the City Society in the latter part of 1905 to pay off accumulated debts, there remained for the year of 1906 only \$4360.50. This amount was made to cover the expenditures of the year and in December when the accounts were closed there was only an insignificant deficit.

The total income from all sources for the fiscal year 1918 was \$12,540.99, of which \$5099 came from membership dues and about \$3400 from invested funds. The income from dues for this year was reduced about \$1000 by the remittance of the dues of members who were serving in the armed forces of the United States.

The comparison shows that the total income for 1918 is nearly two and one-half times what it was in 1906; that the income from dues for a normal year are more than one-half greater; and that the income from invested funds has increased from \$80 to \$3362.

But we must look also at the other side of the ledger. While the income of the Faculty is much greater than it was thirteen years ago the necessary expenses are much greater.

In 1906 while still in the old building, the total paid out for salaries, heat and light was \$1570.15. In 1918 the same things cost \$5089.31. There is very little probability that even after the high cost of living of war times is reduced that these figures can be materially lowered. As the amount of work to be done in the library increases with its usefulness, the expenses are bound to increase. It will only be by rigid elimination of expenses for non-essentials that the finances of the Faculty can be kept in a satisfactory condition.

For our accounts a sound system of bookkeeping has been introduced and has been in successful operation for several years. To prevent the possibility of the confusion of the incomes from the special funds with each other and with the current funds a separate savings bank account is kept for each of the special funds. It is interesting to note that the interest on the savings accounts credited to them in 1918 was just a little more than the total income of the Faculty from invested funds in 1906.

I wish to express my appreciation of the valuable services to the Faculty of Miss Noyes and Miss Reid who have kept accurately the books and have coöperated cheerfully with the treasurer, making the work lighter and more pleasant throughout his term of office.

SOCIETY MEETINGS.

The Washington County Medical Society held its monthly meeting at the Washington County Hospital, November 13, 1919, 1.30 p.m. The following officers were elected for the year: President, Dr. J. W. Humrichouse; Vice President, Dr. A. C. Maisch; Secretary, Dr. W. D. Campbell; Treasurer, Dr. J. E. Pitsnogle; Member Hospital Board, Dr. J. W. Humrichouse; Member Board of Censors, Dr. J. McP. Scott; Member House of Delegates, Dr. V. D. Miller.

The retiring President, Dr. V. D. Miller, made the following address:

THE PHYSICIAN AS A CITIZEN.

Kingsley has said, "There are two kinds of freedoms, the false, where a man is free to do what he likes, and the true, where a man is free to do what he ought." Now, where interest in public affairs is a test of citizenship, there are just two things which individuals have to offer, the first and most important is personal service, the second is money. The excuse is frequently offered, "I have no time to take part, or attend meetings, I am too busy with my own affairs." He is a business or professional man, working six days every week, possibly seven. His thoughts, his ideals are, bigger business, more profits, success. He believes God created him to earn a living, but not to live. He has not time for the pleasures of life, nor will he accept the responsibilities of citizenship. Assuming that one is too busy it then becomes his duty to give an amount of money equal to that which he has earned during the space of time which was his conscientious duty to give to the public welfare. Take a personal invoice, for the year, ascertain how many dollars and how many hours of service you have given to the public welfare and note how small the percentage is.

Rupert Blue declares that an obligation of the physician to society should be to apply his special knowledge to a study of the Community health problems and make himself one of the leaders in the inauguration of measures to promote public health and welfare. He further makes the following inquiries.

If not—why not.

1. Do I fully instruct patients in controlling the spread of communicable diseases?
2. Do I stimulate the people of my community to initiate community health work?
3. Do I always seek to discover the underlying social and economical causes of my patients' illness?
4. Do I place self-interest above community welfare by failing to report communicable diseases to the Health Officer?
5. Do I strive to keep public health matters out of partisan politics? Do I keep abreast of progress in public health?

Among the finest types of physician citizens which may be mentioned, are the late Jacobi of New York, the late Pepper of Philadelphia, Finney of Baltimore and Reichard of Washington County. The latter probably had a greater variety of qualifications of the true American citizen than any other resident of Washington County, and what did it all mean, that he preferred idealism to materialism. He died with the highest respect of best thinking people of his community.

One of the pathetic things in life is to see men accumulate large sums of money and then not know how to use it, health gone, no friends acquired during the course of their lives and no internal resources, no interest except the particular line of vocation which they may happen to follow.

The question arises, Shall the physician devote all the necessary time to his regular professional work and all his spare time to writing or research work; or shall he keep abreast with all the ordinary advances in his profession and at the same time give a fair share of his time to the public? In larger cities the former applies because he has a great opportunity for professional advancement and the demand for public service is met by a larger class of capable men, which may excuse the physician—in rural communities the reverse is true.

Participation in public affairs benefits the individual physician personally by extending the horizon of his business experience, and it is a well known fact that most medical men have no business sense; by stimulating his mind to travel in a variety of channels of thought; by arousing him to assist others; and by making him a leader among men.

Participation in public affairs benefits his home, his city, his state, his country and society as a whole makes him a better citizen, a more loyal American.

The local demand for public service is very great and is forced upon a few small groups of over-worked men simply because interest, response and inactivity is lacking in others.

His educational advantages, his acquaintanceship, his standing on account of his profession, qualifies the physician beyond the average man to do things and help bear the burdens of a busy world.

Even though you may make some enemies, you can't make real success, without real enemies. A thousand faults is laid at the door of the one who is up and doing.

It is your duty to be member of, to attend the meetings, to do your part when called upon, to serve on committees of the following: Your County Medical Society, Red Cross, County Public Health Association, Chamber of Commerce.

You as part of the community are responsible for what is being done and what is left undone. Are you an asset or a liability?

And when it is all over, a man is remembered not by what he made, but by what he gave.

The greatest present demand is real Americanism and real American Citizens to establish and perpetuate the same.

MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

NOTE.—*Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies*

BALTIMORE CITY MEDICAL SOCIETY, President, GUY L. HUNNER; Vice-President, H. G. BECK; Secretary, EMIL NOVAK; Treasurer, W. S. GARDNER; Censors, J. M. HUNDLEY, J. S. CULLEN, R. WINSLOW; Delegates, T. S. CULLEN, S. McCLEARY, L. HAMMAN, G. W. MITCHELL, H. E. PETERMAN, E. NOVAK, F. R. SMITH, N. E. B. IOLEHART, H. JONES, E. H. HUTCHINS, E. R. OWINGS.

SECTION OF CLINICAL MEDICINE AND SURGERY. First and Third Fridays, 8.30 P.M., October to May. Chairman, J. STAIOE DAVIS, M.D.; Secretary, E. B. FREEMAN, M.D. SECTION OF DERMATOLOGY. Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PELS, M.D.

SECTION OF GYNECOLOGY AND OBSTETRICS. Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNOLOGY. Fourth Fridays monthly, 8.30 P.M. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.

SECTION OF MEDICAL EXAMINERS. Third Fridays in November and March. Chairman, J. D. IOLEHART, M.D.; Secretary, W. E. MAORUDER, M.D.

SECTION OF NEUROLOGY. Second Friday, monthly. Chairman, C. M. BYRNES, M.D.; Secretary, D. D. V. STUART, M.D.

SECTION OF OPHTHALMOLOGY AND OTOLARYNGOLOGY. Third Wednesdays. Chairman, E. A. KNORR, JR.; Secretary, E. A. LOOPER.

ALLEGANY COUNTY MEDICAL SOCIETY. President, E. B. CLAYBROOK, Cumberland; Secretary, H. V. DEMING; Treasurer, F. G. COWHERD, Cumberland, Md.; Delegate, A. H. HAWKINS. Second Wednesdays of January, April, July and October; annual meeting in January.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY. President, J. O. PURVIS, Annapolis, Md.; Secretary, F. E. WEITZMAN, Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, L. B. HENKEL. Second Tuesday of January, April, July and October.

BALTIMORE COUNTY MEDICAL SOCIETY. President, J. W. HARRISON, Middle River, Md.; Secretary-Treasurer, G. S. M. KIEFFER, Morrell Park, Md.; Delegates, H. L. NAYLOR, J. S. BOWEN, Mt. Washington, Md. Third Wednesdays, at 2 P.M.

CALVERT COUNTY MEDICAL SOCIETY. President, W. H. MARSH, Solomon's, Md.; Secretary-Treasurer, J. W. LEITCH, Huntingtown, Md.; Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.

CAROLINE COUNTY MEDICAL SOCIETY. President, S. S. STONE, Ridgeley, Md.; Secretary-Treasurer, J. R. DOWNES, Preston, Md.; Delegate, J. C. MADARA, Ridgeley, Md.

CARROLL COUNTY MEDICAL SOCIETY. President, D. B. SPRECHER, Sykesville, Md.; Secretary-Treasurer, H. M. FITZHUGH, Westminster, Md.; Delegate, M. D. NORRIS. April, July, October, December; annual meeting in October.

CECIL COUNTY MEDICAL SOCIETY. President, T. J. CONROY, Chesapeake City, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, J. S. DARE, Rising Sun. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.

CHARLES COUNTY MEDICAL SOCIETY. No active organization.

DORCHESTER COUNTY MEDICAL SOCIETY. President, F. H. NICHOLS, E. Newmarket, Md.; Secretary-Treasurer, E. E. WOLFF, Cambridge, Md.; Delegate, JOHN MACE, Cambridge Md. Meetings first Tuesday in June and December.

FREDERICK COUNTY MEDICAL SOCIETY. President, H. P. FAHREY, Frederick, Md.; Secretary, J. M. GOODMAN, Frederick, Md.; Treasurer, E. L. BOWLES, Middletown, Md.; Delegate, I. J. McCURDY. January, April, August and November.

HARFORD COUNTY MEDICAL SOCIETY. President, P. F. SAPPINOTON, Belair, Md.; Secretary-Treasurer, DR. CHARLES BAILEY, Bagley, Md.; Delegate, W. S. ARCHER, Second Wednesdays in January, March, May, July, September and November.

HOWARD COUNTY MEDICAL SOCIETY. President, F. E. SHIPLEY, Savage, Md.; Secretary-Treasurer, W. C. STONE, Ellicott City, Md.; Delegate, W. R. WHITE, Meetings (quarterly) first Tuesdays in January, April, July and October.

KENT COUNTY MEDICAL SOCIETY. President, H. G. SIMPERS, Chestertown, Md.; Secretary-Treasurer, F. B. HINES, Chestertown, Md.; Delegate, F. B. HINES.

MONTGOMERY COUNTY MEDICAL SOCIETY. President, E. W. WHITE, Poolesville, Md.; Secretary-Treasurer, E. L. BULLARD, Rockville, Md.; Delegate, J. E. DEETS. Third Tuesdays in January, April, July and October.

PRINCE GEORGE'S COUNTY MEDICAL SOCIETY. President H. B. McDONNELL, College Park, Md.; Secretary, R. A. BENNETT, Riverdale, Md.; Treasurer, W. ALLEN GRIFFITH, Berwyn, Md.; Delegate, H. B. McDONNELL. Second Saturday of January, April, July, October.

QUEEN ANNE'S COUNTY MEDICAL SOCIETY. President, W. W. BOWEN, Price, Md.; Secretary-Treasurer, H. F. MCPHERSON, Centerville, Md.; Delegate, W. H. FISHER. ST. MARY'S COUNTY. No active organization.

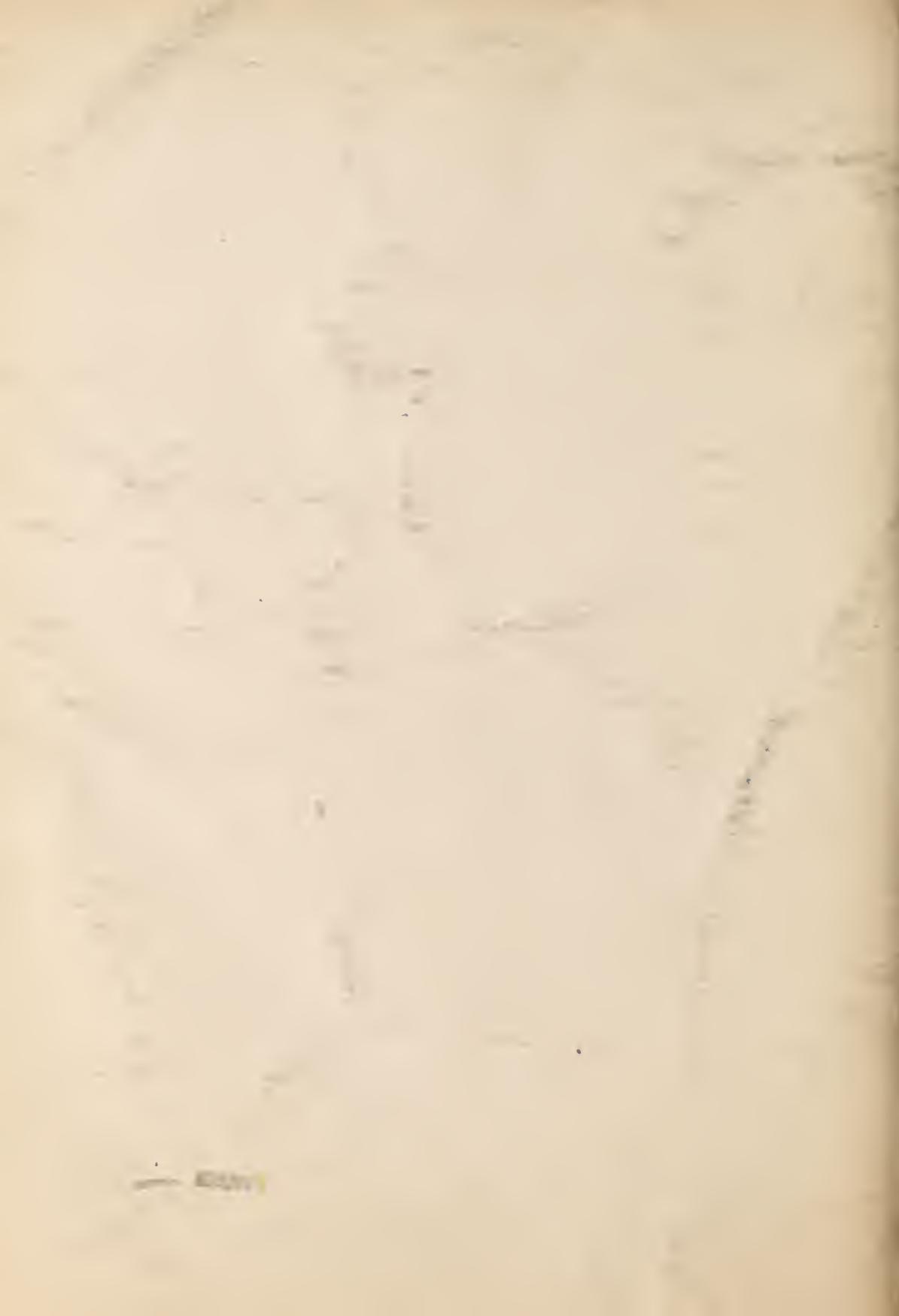
SOMERSET COUNTY MEDICAL SOCIETY. President, G. C. COULBOURNE, Marion Station, Md.; Secretary-Treasurer, H. M. LANKFORD, Princess Anne, Md.; Delegate, G. T. ATKINSON. First Tuesday in April at Crisfield; first Tuesday in October at Princess Anne.

TALBOT COUNTY MEDICAL SOCIETY. President, J. H. HOPE, St. Michael's, Md.; Secretary-Treasurer, J. A. ROSS, Trappe, Md.; Delegate, W. S. SEYMOUR. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

WASHINGTON COUNTY MEDICAL SOCIETY. President, J. W. HUMRICHOUSE, Hagerstown, Md.; Secretary, W. D. CAMPBELL, Hagerstown, Md.; Treasurer, J. E. PITTSNOOLE, Hagerstown, Md.; Delegate, VICTOR D. MILLER, Second Thursday.

WICOMICO COUNTY MEDICAL SOCIETY. President, J. M. ELDERDICE, Mardela Springs; Secretary and Treasurer, H. S. WAILES, Salisbury, Md.; Delegate, G. W. TODD.

WORCESTER COUNTY MEDICAL SOCIETY. President, PAUL JONES, Snow Hill, Md.; Secretary and Treasurer, R. LEE HALL, Pocomoke City, Md.; Delegate, PAUL JONES, Snow Hill, Md.



OSLER MEMORIAL
THE BULLETIN
OF THE

Medical *and* Chirurgical
Faculty of Maryland



OWNED AND PUBLISHED BY THE ABOVE-NAMED STATE MEDICAL SOCIETY
SOLELY IN THE INTEREST OF THE MEDICAL PROFESSION

1211 CATHEDRAL ST., BALTIMORE MD. 25c. PER ANNUM

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T. R. Boggs

E. F. Jones

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Committees

Scientific Work and Arrangements.—Alexius McGlannan, Emil Novak, A. G. Rytina.

Library Committee.—John Ruhräh, J. W. Williams, H. B. Jacobs, Alexius McGlannan, L. F. Barker.

Finney Fund.—Harry Friedenwald, J. W. Williams, John Ruhräh, Alexius McGlannan, L. F. Barker.

Delegates to A. M. A.—T. S. Cullen, Alternate, Charles O'Donovan; Randolph Winslow; Alternate, L. F. Barker.

Public Instruction.—Compton Riely, A. H. Hawkins, J. O. Purvis, Wm. J. Todd, J. H. Bay.

Post Graduate Work and Instruction.—J. H. Pleasants, H. W. Buckler, J. H. M. Knox, C. W. Larned, E. L. Bullard.

Midwifery Law.—J. W. Williams, H. D. Purdum, L. C. Carrico, I. J. McCurdy, G. W. Dobbin.

Memoir.—W. B. Platt, Alexius McGlannan, C. L. Mattfeldt, Levin West, Hugh L. Bradley.

Fund for Widows and Orphans.—G. W. Mitchell, Anna S. Abercrombie, S. A. Nichols, G. W. Latimer, D. C. R. Miller.

Defense of Medical Research.—T. S. Cullen, W. R. Stokes, W. S. Baer, Standish McCleary, J. McFadden Dick.

Medical Education.—Herbert Harlan, Randolph Winslow, J. W. Williams.

Legislative Committee.—F. V. Beitler, Herbert Harlan, J. S. Bowen.

STATE PRACTICE ACT

State Board of Medical Examiners.—Herbert Harlan, J. McP., Scott, Harry L. Homer, J. L. Riley, H. M. Fitzhugh L. A. Griffith, E. E. Wolff, H. T. Collenberg.

Regular Meetings of the Board of Medical Examiners of Maryland.—Fourth Tuesday in April; first Tuesday in June; first Wednesday in October; first Wednesday in December,

Regular Examinations.—Examinations are held in Baltimore. Third Tuesday in June for four consecutive days. Second Tuesday in December for four consecutive days.

Maryland is in reciprocal relationship with the following States; Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, Ohio, Oklahoma, S. Carolina, Texas, Vermont, Virginia, W. Virginia and Wisconsin, subject to requirements and fees imposed by the respective States.

Information connected with Medical Examinations and licensure by addressing Secretary, J. McP. Scott, Hagerstown, Md.

THE BULLETIN
OF THE
**MEDICAL AND CHIRURGICAL FACULTY
OF MARYLAND**

CONTROLLED BY THE COUNCIL AND EDITED BY A COUNCILLOR,
DR. HARVEY B. STONE

PUBLISHED MONTHLY EXCEPT JUNE, JULY, AUGUST AND SEPTEMBER

VOL. XII

BALTIMORE, JANUARY, 1920

No. 4

RESOLUTION PASSED AT THE MEETING OF THE BALTIMORE CITY
MEDICAL SOCIETY JANUARY 9, 1920

AND THE

MEDICAL AND CHIRURGICAL FACULTY AND THE BOOK AND JOURNAL CLUB
JANUARY 13, 1920

DIED

On 29 December, 1919, at Oxford

WILLIAM OSLER, Baronet.

Physician, teacher, guide, lover of his fellow men.

Noble exemplar of charity and tolerance and temperance and work and love.

Untiring stimulator and generous benefactor of this Society,
Whose sparkling wit and genial, subtle humour smoothed the rough way
of life for so many weary spirits;

Whose presence banished discord and suspicion.

The gap which his absence leaves among us will forever be warmed by the
glow of that all-embracing love which radiated from his presence like
a halo of light, and brought to all about him something of the Peace
that now is his.

OSLER MEMORIAL MEETING.

THE MEDICAL AND CHIRURGICAL FACULTY AND THE BOOK AND JOURNAL CLUB

Osler Hall, 1211 Cathedral Street, Tuesday, January 13, 1920, at 8.30 p.m.

DR. L. F. BARKER, *Presiding.*

Dr. Harry Friedenwald: We knew that Doctor Osler had passed the great milestone, the three score and ten, of the Psalmist, we had heard how hard he had labored during the period of the war, we knew that he had suffered the greatest of sorrows and had "faced the world bravely however much his heart did ache," we knew of his serious illness and yet we hoped and somehow believed that he would live for many years to come. The active and productive life of such a man as Dr. Osler has the quality of permanance, of eternity and this imbues us with the hope that the life itself will be prolonged beyond the measure of more common clay.

The tidings of the death of Dr. Osler in his far-off home brought sudden and profound sorrow to this community. Never has the medical profession of this city felt the loss of one of its members more keenly, never has the whole community shown greater respect and honor and love for the dead. Everyone spoke of Dr. Osler's death as of a personal sorrow. All felt that we in this community had lost one who was ours, through whose splendid and distinguished services we had benefited, in whose greatness, in whose honors and achievements we took just pride, for he belonged to us.

And yet he came into our community a man of forty, lived and labored here but fifteen or sixteen years, and left us fifteen years ago to continue his work in a distant University.

How is it that his being here for only a very short time, his almost comet-like presence among us, should have impressed and influenced us so profoundly? It is not simply because he was a teacher of medicine of rare ability, the medical head of a large hospital, the great consultant. For this the community would have admired, respected, honored him, been proud of him. These facts were not alone the reason for the universal devotion of the medical profession. Greatness as a teacher, as a medical writer, as an author in some of the by-paths of medical literature, these will be the laurels which the world of Science and the world at large will offer to his memory. But we here think of Dr. Osler with other feelings added to these of admiration and respect and honor for the great man who won the highest distinctions for himself and for his profession. We felt near to him, each one of us, we loved him as we have loved none other.

Each one of us saw in him the friendly guide and master. This was the inspiration that made us strive with greater effort toward higher ideals. He showed a personal interest in each one of us, his counsel and encouragement spurred us on. But even this does not account for the deep affection and love in which he was held by all.

The explanation lies in that peculiar charm of character which was his alone. Never have I known a man who combined as he did, greatness with unassuming simplicity and modesty, the wisdom of age with the light heartedness and enthusiasm of youth, earnest seriousness with buoyant jollity.

It was this charm of character which captivated the heart of all who came in touch with him as pupils, as colleagues, as fellow-practitioners, as patients as well as those with whom his relations were purely social.

I cherish it as one of the greatest privileges of my life that I knew Dr. Osler and enjoyed his friendship. It was in the committee that published Dr. Cordell's *Medical Annals*, in the Medical and Chirurgical Faculty and its Library and especially in the Book and Journal Club that I was permitted to enjoy this association. It was a privilege to witness the force with which he put new life, a new outlook, new energy and spirit into all of the activities of the Medical and Chirurgical Faculty so that since that time it ranks among the foremost of the State Medical Organizations in this country. It was the living spirit of Dr. Osler which has watched over this Faculty and its Library until his death. For have we not in all truth, felt his living presence among us during all the years that he has been away, so that even the younger members who did not know him, felt his active influence and nearness. So long as this spirit of Osler lives on in the Faculty as a whole, and in its individual members, this venerable organization and the medical profession of Maryland will continue in their progress toward those ideals to which he was devoted. We shall miss Dr. Osler sorely, his messages of cheer, his encouragement and interest, his fascinating and scholarly addresses, his classical medical writings. But the influence of his life and character, of his work and name will ever be with us and will outlive many generations.

There is an ancient Hebrew legend which like many legends contains a great truth. The legend tells us that the world continues to exist because of the piety and virtue of thirty-six saints. But for them the world would long ago have been destroyed. Each generation has its saints but they are hidden from view by their modesty, their humility and their simple lives. They themselves would be the last to admit this virtue. Still it is because of these few and not because of the many that the world goes on. The legend may well be applied to our profession. It is because of the character and spirit of a man of the Osler type that a whole genera-

tion is supported and enabled to advance and to elevate the high calling of the practice of medicine.

Dr. John Ruhräh: To speak to the older members of this audience about Osler's influence on American Medical Libraries in general and our own in particular is almost like carrying coal to Newcastle, but there may be some here who did not know the man and to whom a short resumé of his wide interests may be new. From Boston to San Francisco, from Montreal to New Orleans, all in one way or another are witness to his remarkable sympathy. Small libraries like that of the Luzerne County Medical Society, at Wilkes-Barre, as well as large ones like that of the Surgeon General's Office at Washington, bear testimony to his helpfulness both material and spiritual. It is difficult indeed to appraise his influence at its full value. A worker in one of the larger medical libraries, writing about him, said:

Who can sum up any adequate description of the indescribable charm, friendliness and interest he has always taken in everything medical, and in medical libraries in particular? All of his visits to us have been of a character to make us feel that our efforts are the magnum opus of human endeavor, and the small services we have rendered him have been so appreciated as to make us feel these visits as red-letter days.

The young man Osler received his medical education at McGill University, in Montreal, and when his student days were over, continued his residence there, eventually becoming a member of the Faculty. Thus it was that the Library of the Medical Department of McGill University was the first love, due to the subtle charm of youth and propinquity, and it is whispered that in spite of many favors in the past it is to be the recipient of more. Here the student Osler browsed among the books and laid the foundations that served so well in after years. Later on the Library was his hobby, and although never one of the Library Committee, his wishes were always carried out. His contributions were numerous—books of all kinds, on the fly leaves of which will be found annotations about the author in Osler's own handwriting. Sometimes a check for a hundred dollars accompanied a letter of encouragement; at other times things pertaining to medical lore. On one occasion, he sent from Italy a superb collection of early Venetian diplomas; on another a lot of votive offerings from the shrine of Æsculapius. Various libraries shared in these ex votos. Dr. Casey Wood, of Chicago, once crossed the ocean on the same steamship with Osler, and the splendid collection of books relating to ophthalmology that now grace the shelves at McGill was the result. Here as elsewhere he gave many rare and valuable copies of the old masters of medicine. It is related that a friend once saw him emerging from an

Edinburgh bookshop. In his arms he clasped a large volume and his face wore that peculiar expression of mingled pride of possession and happiness common to collectors who are rejoicing in *une trouvaille*. This "find" was the first edition of Andreas Vesalius, printed by Oporinus in 1543, and bearing the colophon, familiar to book lovers, of a semi-nude man, astride a swimming dolphin. This volume is illustrated with woodcuts of such quality that in their day they were ascribed to Titian. It went to McGill, but later, when he replaced it by another, was sent to the Library of the New York Academy of Medicine.

His experience with the Boston Medical Library began early. He visited it in 1876 as a youngster and from that time on he was a constant and helpful friend. His interest has not been unappreciated for he was the first to be made an Honorary Member. When the Library was moved to its present building, he was one of the principal speakers at the dedication exercises. His "Books and Men" delivered on that occasion is now familiar to all interested in medical libraries. It had always been a hobby of his to get rare and interesting volumes out of their hiding places in the mouldering dust of the book stacks into the light of day. How practical he was about it! He gave two hundred dollars with which to purchase show cases for the main reading room in which are displayed some of the treasures of the library, and it may not be amiss to note that this money was the major part of his honorarium for delivering the Ingersoll lecture on "Science and Immortality."

On leaving Montreal Osler went to Philadelphia, and was elected a Fellow of the College of Physicians of that city. A year later, he was made a member of its Library Committee and served in that capacity until the end of 1888, when he left to become the Professor of Medicine in Johns Hopkins Medical School. Listen to the testimony of Mr. Charles Perry Fisher:

Dr. Osler took an active interest in the affairs of the Library and with his exceptional personality and rare charm that Nature is mighty chary in bestowing, coupled with an open generosity, was of the greatest service, and it was with deep regret that we saw him go; but his interest in the Library and his generous spirit has never left us; not a year passes that the shelves of the Library are not enriched with the gift of some rare volume sent with his remembrance.

When we come to Baltimore, we feel more sure of our ground. We know so well what his presence meant. Miss Noyes has written a sympathetic account of his influence on the Library of the Medical and Chirurgical Faculty of Maryland and on the Society itself. This old library, one of the oldest in the United States, was founded in 1830, and was buffeted about from place to place until 1881 found it housed in the basement of the old Maryland Historical Building, on St. Paul Street. It did not take

Osler long after he came to Baltimore, in 1889, to become intimately associated with the Maryland Library. In 1892 he was made a member of the Library Committee and served until he left for Oxford in 1905. Although never chairman, he was the influential member who conceived and carried out innumerable plans for betterment.

The Library of the Faculty is an integral part of the organization which has played an important part in the medical life of Maryland. It has had various periods of lethargy, and like the Beauty of the fairy tale it was awaiting a Prince Charming. It was not dead, not moribund, but asleep; and Osler succeeded in waking it. In 1895, it was moved to a building at 847 North Eutaw Street, and in the following year the need of a well trained librarian was so apparent that Osler himself saw to it that the present Librarian was employed.

The Library, when Osler found it, was a collection of a few thousand medical books, mostly old, and some journals. When he left us, in 1905, there were 14,590 volumes, and it has grown rapidly ever since, now numbering about 30,000 volumes. Through his influence it acquired its own building, and after he left, the Library was moved once more in 1909, to the comfortable, specially built building in which we are tonight. This new building was directly due to the cast mantle which he left behind him.

No one realized more than Osler how important it was to have the Library well financed and he did a great deal to put through many much needed improvements, sometimes out of his own pocket, sometimes through a generous friend, and constantly by appealing to the profession. He believed the profession should be responsible for the Library, but he also knew that the Library had its responsibility, its duty, to the profession.

You know how during the past summer he sent his check for one thousand dollars as a starting point to pay off the remaining debt on the Faculty building. You have already been told how he founded the Book and Journal Club and he was one of the prime movers, if not the actual originator, of the Medical Library Association. His influence on library workers was remarkable. For the book lover, the bibliomaniac, he had the affection of a brother. There certainly were but few of any prominence that were not his warm friends, and he did much to induce them to make a practical use of their predilection and knowledge. An example, to cite but one, was the case of the scholarly Cordell, for years an amateur of the history of medicine, particularly that of Maryland. Under the genial patronage of Osler this talented worker gathered his forces and his notes and brought out the *Medical Annals of Maryland*, one of the best pieces of medico-historical work produced in this country.

What has been Osler's influence on American medical libraries? This question is in a measure answered above and need not be dwelt upon longer. He had a keen appreciation of the value of medical books, as summed up in that wonderful epigram: "To study the phenomenon of disease without books is to sail an uncharted sea, while to study books without patients is not to go at all." In addition to this, he appreciated medical libraries at their full value, not only for himself, but for others. This he taught to his students and to the profession. He knew and emphasized the use of the recent journals and monographs, the necessity for knowing the latest and best, and pleaded, and not in vain, for the historical method of approach and pointed out the impossibility of clear vision without it. Then too, he did much to encourage the study of the lives of the masters: a major part of recent biographical sketches of medical worthies, is due directly or indirectly to his influence. He taught us not only to study the great teachers of other days, but to accord them reverence and their due meed of honor. To drag the treasures of the book shelves into the open and make them mean something is another lesson he has taught.

In this connection a few lines of a poem about St. Jerome comes to mind. Some of you may remember the beautiful legend:

They did not seem like books to him,
But Heroes, Martyrs, Saints—theirelves
The things they told of—not mere books
Ranged grimly on the oaken shelves.

His chief influence, however, is that he has imparted something of his spiritual quality to those about him and to those with whom he came in occasional contact. This intangible something, which defies description or analysis, he possessed in generous measure; this Oslerian spirit will long pervade all the libraries with which he has been personally associated.

His reward was to have lived to see the seed which he planted grow and mature, to have had as his the love, esteem and gratitude of thousands of students and friends, and among these there are none more grateful, more appreciative than the workers in the medical libraries of this country. One can, perhaps, best summarize in the words of Shattuck:

There is no medical man of my time, and there have been few in any other time, who has exerted so wide spread and so sweetly wholesome an influence as has he.

SIR WILLIAM OSLER'S SERVICES TO MEDICAL HISTORY

Dr. Francis R. Packard: It is hard not to use superlatives when dealing with a subject on which the expressions of one's true feelings is felt to be entirely inadequate to the task, but to no one would the use of hyperbolical

expressions of this kind have been more distasteful than to him in whose memory we are met tonight. His genial kindness to all and the pleasure he always showed when performing any of the friendly acts which marked his daily life towards all with whom he came in contact, was associated with quite as marked a desire to escape any acknowledgement of the obligation from its recipient. His career and its achievements are so familiar to you all personally, that it would be a work of supererogation to attempt any detail of them.

My task therefore, is limited to an expression of homage from those of us who are interested in the history of medicine, to the memory of the man who did more to excite interest in its study than any other Anglo-Saxon, and whose influence in that direction has been so great that it will survive his loss, and though he is no more, his work will live after him in the labors of subsequent generations.

The great increase in the publication of books and articles on medical history which has taken place in this country during the last twenty or thirty years, is undoubtedly largely due to his influence, just as his active interest in the Johns Hopkins Historical Society aided it so greatly in its wonderfully successful career, leading in turn to the foundation of similar bodies in other medical centres.

I cannot attempt tonight to give any analysis or even summary of Sir William Osler's direct contributions to medical history. As none know better than this audience they were numerous and covered a wide field. Fortunately those two great indexes of medical literature in which he took such a profound and vital interest, the *Index Medicus* and the *Catalogue of the Library of the Surgeon General* render it possible to find them and their mere enumeration would be as idle a task as that of the ships in Homer. A very large number appeared in the files of the *Johns Hopkins Hospital Bulletin*, but there are few, if any, of the highest class medical journals in the English language which have not been proud to rank him among their contributors, and even when his paper was not of a distinctly historical character it was frequently adorned by an historical review of the subject in hand which formed a valuable portion of it.

In the Introduction to the collection of his papers published in 1909 with the title "An Alabama Student, and other Biographical Essays," Osler says "To a lifelong interest in biography as a recreation I have added a strong conviction of its value in education," and the practical application of this conviction led him to give us those wonderful pen portraits which form the bulk of his literary contributions to medical history. Some of them present the salient as well as the less known features of some of the great masters of medicine such as Louis, Elisha Bartlett, or Beaumont. Others revive the memory of almost forgotten medical worthies, whose

"bit" in forwarding the progress of medicine had been somewhat overlooked by posterity, such as Bassett. Some direct attention to the medical aspects of the lives of men whose fame rests chiefly or entirely on their achievements in other directions, such as John Locke, or Dover, or Keats.

Always however, his presentation of the historical aspect of his subject contained some pointed application to the strictly practical side of medicine, for above all Osler's chief worth as a medical historian lay in the manner in which he demonstrated in his own inimitable way the utility of the study of medical history to the physician of the present day, whether the latter were a research worker, a surgical specialist, an internist, or an overworked general practitioner. It was the catholicity of his appeal to us that led to the ready response it received. In America there had been but little interest shown in the history of our profession before Osler drew the curtain and revealed not only the charm of its study but its real value in our daily work. Many of us can recall the sensation created by his *Principles and Practice of Medicine* upon its first appearance. Every page was illuminated by the erudition of the author yet the display was so adorned by the geniality, wit and modesty with which it was put forth that even those who clamored most for "practical medicine" and decried what they considered the useless recital of historic facts, were silenced and obliged to admit their defeat. What an unwonted event, to find in the pages of a medical text-book the stimulant to study further afield. To many physicians as well as students, it must have been a satisfaction to have the personal relation between the man whose name had been bestowed on a disease, and the morbid condition to which it had been given revealed. It created a revived interest in Sydenham, Bright, and other pathological godfathers. The side remarks with which the pages abound revealing its author's astonishing familiarity with ancient and modern literature and history, were a constant source of pleasure to the reader. No one book, not purporting to be of a strictly historical character, has probably ever done more to stimulate the study of medical history.

Yet another class of the writings of Osler has done yeoman service in this direction. I refer to the miscellaneous addresses which he was so frequently called upon to deliver, sometimes to graduating classes of nurses or doctors, sometimes at the dedicatory ceremonies attending the opening of new buildings, such as libraries, hospital wards, etc. How many thousands of young men and women must have been stimulated by these to an interest in something in their profession besides its mere routine. Never have more thought-productive words been spoken than by him, and though in many instances the address was not directly concerned with medical history, yet the stimulus received by the hearer was generally calculated to make him think of some professional aspect in an his-

torical background and thus insidiously lead him to the pursuit of some topic connected with it.

No better illustration of this can be found than in the address delivered by Osler before the British Medical Association at its meeting in 1897 at Montreal, entitled "British Medicine in Great Britain," in which he traced the factors which had "moulded the profession in English-speaking lands beyond the narrow seas." Beginning with the influences which had shaped the work of Linacre, the type of the literary physician, Harvey the scientific physician, and Sydenham the practical physician, he shows how they in turn had transmitted their respective traditions to their descendants in the profession; and how somewhat modified by extraneous waves of influence, these splendid inheritances still maintained their sway. The wealth of facts he adduces, their skilful arrangement, and the beautiful English in which he always clad his writings, while they kindled the reader's admiration, tended to fire him with a noble sentiment of veneration and respect for the past leaders of his art and make him realize that there is much to gain from a knowledge at first hand of their labors.

As illustrations of how Osler could illuminate and charm with what might be considered a worn theme consider his Harveian Oration, delivered before the College of Physicians of London, and his Linacre Lecture delivered at Cambridge, both in 1908. The known facts in the lives of these two men were few but many orations and lectures had been delivered in their great names. Contrast any of these with those delivered by Osler and note how the subject of the lecture is transfigured with the new light he brings to bear upon it. Indeed even his Ingersoll Lecture on Immortality may be regarded as an historical summary of the viewpoint of the medical profession on the great mystery, and with what charm does he write on a topic worn threadbare in the secular efforts to solve the insoluble riddle.

Osler was no dry-as-dust medical historian, and it is impossible in speaking of his services to medical history, to disentangle the strictly historical aspects of his teaching and writing from the literary. No man ever possessed a more profound love of literature nor a more eclectic taste. I wonder how many thousand persons have been led to read, and let us hope to delight in, Sir Thomas Browne's *Religio Medici*, by Osler's constant affectionate references to the book of which he says "no book has had so enduring an influence on my life."

Dr. John Brown, the author of *Rab and His Friends*, in his *Horae Subsecivae*, urged the following mental pabulum for the medical student of his day:

If our young medical student would take our advice, and for an hour or two twice a week, take up a volume of Shakespeare, Cervantes, Milton, Dryden, Pope, Cowper,

Montaigne, Addison, Defoe, Goldsmith, Fielding, Scott, Charles Lamb, Macauley, Jeffrey, Sidney Smith, Helps, Thackeray, etc., not to mention authors on deeper and more sacred subjects, they would have happier and healthier minds, and make none the worse doctors.

Contrast with this Osler's *Bedside Library* which he urged the student to have close at hand that he might snatch a few moments in dressing or undressing to cull from its treasures. All of us are familiar with this bedside library for medical students. Beginning with the Bible the list of ten books which he recommended, included Shakespeare, Montaigne, Plutarch's Lives, Marcus Aurelius, Epictetus, of course the *Religio Medici*, then possibly in consequence of the famous advice given by Sydenham to Blackmore, *Don Quixote*, Emerson, and Holmes' *Breakfast Table Series*.

It will be seen that both of these men who did so much in their lives to broaden the culture of their profession and also to bring the laity to a clearer and better understanding of its nobility, place the Bible, Shakespeare, Cervantes, and Montaigne on their lists.

But Osler's sympathy with anything which he thought would further an interest in medical history or promote its study, was far from confining itself to mere hints or suggestions. It was active and practical. In 1915 an enterprising publisher in New York expressed a willingness to undertake the printing and publication of a periodical devoted to the history of medicine, provided that a staff of doctors would undertake the editorial work. From the moment Osler heard of the scheme, he aided it in every possible way, consenting to act as one of the editorial board, suggesting men to be written to for original contributions, writing several things himself, and bringing the new found journal to the notice of the profession in England and enlisting its interest in it. The success which the *Annals of Medical History* has thus far achieved is largely due to Osler's efforts.

How much Osler's writings have done to broaden the minds and expand the horizon of our profession is beyond computation. To read him is a liberal education. The casual addresses delivered by most men on ceremonial occasions may temporarily impress those who hear them, but their memory quickly fades and if they subsequently appear in book form they generally lapse into dusty obscurity on the book shelves of families and friends. But this is not true of those of Osler. The volumes in which they have been reprinted are eagerly purchased by many who have never been privileged to hear him speak. There are few doctors who have not in their libraries *Aquaeanimitas* and *An Alabama Student and other Biographical Essays*. They are treasured as the writings of a beloved mentor, and for their literary value.

Osler was the great humanist of his day. To paraphrase Shakespeare he had read much, he was a close observer and he looked through the

deeds of men. To the learning of a Linaeae he united the scientific spirit of a Harvey, and the practical clinical skill of a Sydenham. When such a mind turned to literature, all that it touched became gold, and that great treasure was spent with a lavish hand. How it was possible for him to speak and write as frequently as he did on what might be superficially considered as historical topics not directly concerned with practical medicine, can I think be explained solely by the fact that, as stated, before having conceived a high value of the study of biography in education, he applied it to practical medicine, and this is one great reason why his historical writings will live, and the converse of the proposition is equally true that his more distinctly medical writings will live longer than those of other men because of their historical setting. For these reasons also one of the greatest benefits conferred on medicine by the writings of Osler, has been to stimulate younger men to emulate him in this particular and to study the historical and humanistic aspects of the subjects on which they write. The result has been to elevate the standard of medical literature in this country to a higher level than would have seemed possible before his time.

To you who knew him so well it is needless to refer to his love of books, nor to the rare volumes which he had collected with so much love and such great discretion. But even Osler's bibliomania was practical in its manifestations. He did not seek to accumulate books simply because of their age or rarity, nor for the beauty of their typography, or the elegant bindings in which they were apparelled. What a privilege it was to have the owner show his possessions and talk about them. Then it was that the real historian appeared. He had not only a large collection but one which was noted for the completeness with which it covered certain special subjects. With what joy he would show some medical incunabula which he had recently acquired, demonstrating the various points of typographical interest, giving an account of the press from which they were issued, and summing up the value of the books as a literary composition.

The Library of the College of Physicians of Philadelphia, is fortunate in the possession of a quite large and very interesting collection of medical incunabula, a number of which it owes to the generosity of Osler. The utility of spending money on these ancient tomes has been questioned at times by those who have unfortunately not been imbued with the Oslerian philosophy. But even these skeptics could be brought to book by the perusal of a writing of Osler's, such as his sketch of Servetus, which demonstrated how it was only by study of these early printed works on medicine that a true knowledge of the foundations of some of the greatest medical discoveries could be attained.

The only American physician that I can recall who wrote with any show of enthusiasm about medical incunabula before Osler, was Oliver Wendell Holmes, and his somewhat casual references to the beauty of the editions of the *de Fabrica of Vesalius* or the works of the other old anatomists, were not calculated to stimulate any great zeal to peruse or gather them on the part of his reader. But when Osler's magic pen or his more fascinating tongue wrote or spoke of the writings of the founders of modern medical science, he whom he addressed, awoke to find a new world opened to his ken. How different would have been the history of our art had a greater knowledge of its past prevailed and how much hope for the future lies in the stimulus that Osler has given to such study. If medical men read the history of medicine correctly they might learn by its proper interpretation to avoid some of the many pitfalls by which its progress has been and continues to be beset. There is much in tradition which serves to help the individual pursue the straight and narrow path, and the same is true of a profession. A knowledge of the history of the delusions and heresies, which under the name of systems, have frequently produced lamentable divagations from the right path in medicine, would serve as a corrective against many of the isms and cults with which old hydra headed quackery continually bobs up to our shame.

It is to Osler we owe this renaissance of our tradition, comparable to the return to the glorious Greek tradition after centuries of slavish submission to Arabic pseudo-science, which our art underwent in the fifteenth century.

Thus not only by his direct contributions to medical history, but even more by the historical trend of thought in all his teaching and writing, Osler may be justly regarded as the founder of a new era in medical literature.

What are the distinctive qualities which characterize the great teachers and writers on historical subjects? Vivid imagination, picturing the men and events of which they write. Broad vision, enabling them to grasp the circumstances in which they lived and acted. Mental integrity so that their presentation of the matter may be unbiased and impartial, and of course a thorough knowledge from the original sources of their subject.

All of these qualities Osler possessed in the highest degree, and in addition the broadening and spiritualizing effect of his professional and personal contact with many varying types of humanity. Thus equipped, the secret of the white magic by which he lured so many to the serious study of the history of their profession, is explained by much the same personal characteristics which gave him the foremost place as a teacher and clinician. He was too near us and his loss is too recent for any just estimation of his real greatness. What we see and know of his work are

only the seedlings from which in future years we may confidently assert a mighty growth of splendid results will spring, not in mere historical writing or research, but in the far grander incentives to adhere to what is right and true in medicine and in the discomfiture of those whom he would term the sons of Belial, who because of their lack of knowledge of the cultural aspects of their profession, rise at different epochs to disturb the serenity of its progress.

OSLER¹

By William S. Thayer: As the accumulating tragedies of the aftermath of war gather fatally on one another, a puzzle and a mystery to the thoughtless masses whose imperfect eyes seek in vain for the cause, the old dead ache that we have borne for these last interminable years—the old dead ache which it is our dream to outlive, breaks out now and again in new and cruel crises.

Such a crisis was the death of Sir William Osler, as much a tragedy of the war as if he had fallen by the side of his boy ". . . . forward as fits a man."

Son of a canon of the Church of England, born in Bond Head, Ontario, in 1849, he was at the outset destined for the clergy, but his inclination carried him toward medicine, and after four years in Toronto and Montreal he graduated at McGill University in 1872. For the two years following he studied in London, Berlin and Vienna, and in 1874, he returned as lecturer and later as professor of the Institutes of Medicine at McGill University. In 1884 he was called to the University of Pennsylvania as Professor of Clinical Medicine, and in 1889 to the Johns Hopkins University as Professor of Medicine and Physician in Chief to the Johns Hopkins Hospital. In 1905 he left America to become Regius Professor of Medicine and Student of Christ Church at Oxford. Such is a brief outline of his academic career. He held honorary degrees from a large number of American and foreign universities. He was a Fellow of the Royal Society.

In the two years spent in Europe he made important original studies on the blood. Wherever he went his devotion to work, his remarkable power of observation—for throughout his life he was an observer rather than an experimenter—his extraordinarily quick grasp of the significance of that which he saw or read, his clear vision and sound, sane judgment, his simplicity and sincerity and honesty impressed his colleagues and the public, and he became a much sought for consultant.

In 1892 he published his treatise on *The Practice of Medicine* which, largely because of its personal quality, because it represented the fruits

¹ Reprinted, with additions, from *The Nation*, January, 1920.

of actual observations and experience, has been for so many years, the standard text book of medicine in America. He delivered many lectures before learned societies, the Goulstonian lectures in 1885, the Cartwright lectures in 1886, the Harveian lecture in 1906. He published a number of short volumes on different medical subjects—*Chorea*, *The Cerebral Palsies of Children*, *Cancer of the Stomach*, *Angina Pectoris*, and a very large number of notes on a great variety of pathological conditions observed in his constant clinical activities. He delivered many addresses and was the author of a considerable number of charming and valuable historical and biographical essays.

His work in the organization of the new medical clinic at the Johns Hopkins Hospital in 1889, his insistence that for the proper care of the patient as well as for the improvement of the teaching of medicine, the student should be used, as in England and France, as an assistant in the wards, his practical abandonment of barren old didactic methods, were steps of great importance in the advancement of medical instruction and in the improvement of hospitals in America. These were notable achievements; they have been abundantly recounted in the last few weeks. But if one turn to the notes of those who knew him and were close to him, such as the tributes by eighteen of his associates in the *Johns Hopkins Hospital Bulletin* for July 1919, he may perhaps be struck by the lack of stress laid on the scientific and material aspects of his work; for it was in the human side of this man that lay his true greatness.

It is probable that there has, in America, been no medical man so universally revered, no man whose power, whose inspiration has reached so many, no man so loved.

Wherein lay the secret of his power? What was the manner of the man? His father was Cornish, and Osler was a true Celt. A Celt in appearance, not large, of a very dark, almost olive complexion, with a rather long, drooping black mustache—a Celt in his charming vivacity and brilliancy and in his sparkling wit. Not large, but well built, with a wiry, athletic figure, a long, swinging, active gait, a peculiarly mobile face, serious and almost stern when at rest, and deep, dark brown eyes, with an irresistible humorous twinkle; deep clear eyes, so clear that although they might sometimes seem unfathomable, they told at a glance of a pure, kindly, loyal spirit behind. As a teacher he was wholly simple and devoid of circumstance or the least attempt at studied eloquence or theatrical effect. He taught mainly by the bed-side. His alert eye missed little. His few, kindly, often droll words gained the early confidence of the patient, and kept the student on his tiptoes. His talks in the wards were replete with epigrams. The right adjective, often quaint and unusual, was always on the tip of his tongue, and to a rare degree he possessed the power to in-

spire in patient confidence, courage and hope, in student, enthusiasm. The aequanimity that he preached he exemplified—nothing perturbed him. "Let not the *Crooked Things* that *can't be made straight* encumber you," said Cotton Mather.² Few followed this wise maxim as did Osler. Of the hopeless and irritating dilemma he always saw the humorous aspect, and 'twas dismissed in the twinkling of an eye, with the one word that might almost—indeed sometimes did—accomplish the seemingly impossible. These "Oslerisms," as his disciples called them, were a delight to his pupils. Indeed, at one time two had almost published a collection.

Plus je songe à la vie humaine, plus je crois qu'il faut lui donner pour témoins et pour juges l'Ironie et la Pitié, comme les Egyptiens appelaient sur leurs morts la déesse Isis et la déesse Nephthys. L'Ironie et la Pitié sont deux bonnes conseillères. L'une en souriant nous rend la vie aimable; l'autre qui pleure nous la rend sacrée. L'Ironie que j'invoque n'est point cruelle? Elle ne raille pas ni l'amour ni la beauté. Son rire est doux et bienveillant et c'est elle qui nous enseigne de nous moquer des méchants et des sots que nous pouvions, sans elle, avouer la faiblesse de hair.—Anatole France—*Le Jardin D'Epicure*, Paris 12°, Calman & Co., p. 121.

This gentle "*Ironie*" for which we have no word in English, this gentle "*Ironie*" which neither wounds nor embitters—how well he understood it! In nearly thirty years of friendship, in fifteen years of daily association with Osler, the writer has never heard from his lips an unkind word about a brother practitioner. He saw and he appealed to the best in every man. More than this, no one could speak ill of his neighbour in his presence. He who forgot himself once never did so again. One evening among the group of students who gathered about his table on Saturdays, an old college mate began to ridicule a colleague. In a moment Osler turned, and pointing to the photograph over his fireplace, said: "Do you not think that Innsbrück statue of King Arthur a fine figure?" The colleague flushed, the students shivered, the subject changed. And it was ever so.

He loved his fellow men and they loved him. His table was always filled with passing guests, colleagues from a distant point, the country doctor, the student who coming to visit the clinic, was stunned to find himself carried away to luncheon with the great man that he had expected only to listen to from afar. "The master word in medicine" he says in one of his most beautiful addresses, "is work." But efficient work, he says in another, means inevitably, system. He knew not idleness, and he put into his life and maintained in a manner which can only be described as masterful, a remarkable system.

At seven he rose; breakfast before eight. At a few minutes before nine he entered the hospital door. After a morning greeting to the superintendent, humming gaily, with arm passed through that of his assistant,

² *Manductio ad ministerium, etc.*, 12°, Boston, Hancock, 1726, p. 147.

he started with brisk, springing step down the corridor toward the wards. The other arm, if not waving gay or humorous greetings to nurses or students as they passed, was thrown around the neck or passed through the arm of another colleague or assistant, one by one they gathered about him, and by the time the ward was reached the little group had generally grown like a small avalanche.

The visit over, to the private ward. For the many convalescents, or the nervous invalid whose minds needed diversion from self, some lively, droll greeting or absurd remark or preposterous and puzzling invention, and away to the next in an explosion of merriment, often amid the laughing but vain appeals of the patient for an opportunity to retaliate. For those who were gravely ill, few words, but a charming and reassuring manner. Then, running the gauntlet of a group of friends or colleagues or students or assistants, all with problems to discuss, he escaped. How? Heaven only knows!

A cold luncheon, always ready, shortly after one. Twenty minutes rest in his room; then his afternoon hours. At half past four in the parlour opposite his consulting room, the clans began to gather, graciously received by dear "Mrs. Chief," as Lady Osler was affectionately known. Soon the "Chief" entered with a familiar greeting for all. 'Twas an anxious moment for those who had been waiting long for the word that they had been seeking with him. After five or ten minutes he would rise, and perhaps beckon to the lucky man to follow him to his study. More often he slipped quietly from the room and in a minute reappeared at the door in his overcoat, hat in hand. A gay wave of the hand, "Goodbye," and he was off to his consultations.

Dinner at seven to which, impartially and often, his assistants were invited. In the evening he did no set work, and retired early to his study where, his wife by the fire, he signed letters and cleared up the work of the day. Between ten and eleven o'clock, to bed. Such were his days. Three mornings in the week he took at home for work. He utilized every minute of his time. Much of his summer vacation went to his studies. On railway, in cab on his way to and from consultations, in tramway, and in the old bob-tailed car that used to carry us to the hospital, book and pencil were ever in his hand, and wherever he was, the happy thought was caught on the wing and noted down. His ability at a glance to grasp and to remember the gist of the article that he read was extraordinary.

His power to hold the mastery of his time was remarkable. There was more to be done in the day than he could accomplish. The kindest of men, he would willingly have given more time to others had it been his. It was not. There was but one moment in the day in which he could talk to his assistants and colleagues of their affairs, tea-time and that which

followed it if, by chance, there were no outside consultations. When could one see him for a minute? "At tea." And generally there *were* outside consultations. Men tried to catch him at other times. It was impossible. No one could hold him. He escaped as by magic, but so graciously, so engagingly that despair though one might, he could hardly be irritated. No one could speak consecutively to Osler against his will. How did he do it? I know not. For the great world he had no time. He gave none to society. But at medical meetings, and gatherings of his colleagues, he was a constant attendant and a central figure. Too often these gatherings trailed on to late hours, but before one knew it, by ten o'clock, he was gone.

His humor was irrepressible. It cropped out in everything. Now it was in medical articles, published under an amusing pseudonym, which were excruciatingly funny—reports of amazing cases, subjects which could lead no man astray, but have been seriously and solemnly quoted. Now it was a sly thrust at a colleague in the absurd title of a medical paper which mysteriously found its way into the program of a society meeting. Now it was the elaborately prepared counterfeit of a new journal, presented at a dinner, with a whole table of contents which brought horror to the hearts of the victims—and the rest a blank. His assistants had always to be on their guard. The genial practical jokes played on his friends were endless, and so notorious that, alas, they have grown sadly with repetition. In a tight place he would pass under his *nom de plume*, unknown to the puzzled bore who had sought to nail him down. His generosity to his students was unending, and almost every gift, every act of kindness was accompanied by some droll and often really humorous mystification.

Wherever Osler went the charm of his personality brought men together, for the good in all men he saw, and as friends of Osler all men met in peace. Under his inspiration the Medical and Chirurgical Faculty of Maryland took on a new life, and a new harmony reigned among all about him.

Throughout all his life Osler was a student of the lives of those who had gone before. Biography was to him of compelling interest, and in his numerous biographical essays, some of which have been collected in *An Alabama Student* he stimulated in his disciples a reverence for the great names of medicine, and an interest sometimes as deep as his own, in the search for the recondite in the history of our art.

But above all this Osler was a scholar. In early life he had given little time to the classics. But few men have lived more completely in the atmosphere of the great minds of the past. An insatiate reader, his memory was remarkable and the timely and happy quotation was always on his lips. Nightly, for half an hour, he communed with that which was best in literature. He loved books, and early laid the foundations of the great collection which was his at the time of his death—a collection at the

outset of the first editions and early publications of the masters of medicine and later of like treasures in all branches of science and the humanities. At the time of his death he had accomplished the impossible—Osler, doctor of medicine and practitioner of his art, was President of the British Classical Association.

His occasional addresses, collected in part in *Aequanimitas and Other Addresses* were the mirror of his own ideals and his own character. Written in an engaging and forceful style, they contain much that is beautiful. But that which is more beautiful and more impressive than the words is the thought that Osler lived and practised to the letter the precepts that he preached. He rarely spoke of himself, but at the great farewell dinner in New York he talked briefly and touchingly of his own ideals. These ideals he realized.

Some have criticised Osler for his reluctance to enter into combat against that of which in his heart he disapproved; some were inclined to regard him as one who shunned disagreeable complications rather than facing them. Osler did hate and did shun useless strife, but when the time came, and he was a very wise judge of the proper moment, no one was more fearless or more outspoken than he, as more than one of his colleagues may remember. When the word must be spoken, he was ready to speak it regardless of what it might mean for himself.

His home life could scarcely have been more beautiful, and Lady Osler was hardly less dear than he, to the immense circle that came to call them their friends.

In Britain as in America, Osler's charm and brilliancy, his learning and his skill brought him the same universal affection and respect.

He was made a baronet; a deserved honour. His house at Oxford became the Mecca of Americans. His hospitality knew no bounds. Sometimes forty or fifty guests would gather for afternoon tea.

There was but one child, Edward Revere Osler, a lad of but ten when they left America. In this boy Osler's life was centered. Always attractive and fond of out-door life, he developed into a singularly charming character, with an interest in and an understanding of that which is beautiful in art and literature rare in one of his age. He began to collect books and to collect them intelligently. To his father his development was an inexpressible joy.

* * * * *

Surrounded by honors and love abroad, and with perfect happiness at home, a figure of growing significance among his colleagues of the Old University, active in his profession and in the gathering and cataloguing of his wonderful library, the sky was clear—and the war came.

Whole-heartedly and without a bitter word, he gave himself as ever, to the duties of the hour. In the medical department of the army his advice

was sought on all manner of questions. He was consultant to a number of hospitals, and, in our hours of hesitation and delay he was active in stimulating his old students to come to the aid of those who were fighting our battles. Lady Osler was no less active than he. The boy worked first at a hospital in France, then entered the Training Corps, joined the artillery, and left for the front. It was a strange picture, this man, who all his life, had been the apostle of "Unity, Peace and Concord" (*Aequanimitas and Other Addresses*, 2 ed. 8°, Philadelphia, Blakiston, 1906, 447) flung suddenly with all that was nearest and dearest, into the vortex of war. True to his own precepts he consumed his own smoke; there was never a lament nor a complaint. But in his letters to those near to him the ever present anxiety for his boy was manifested by the inevitable reference made in brave, cheerful words to the sword that hung over their heads.

In August, 1917, cruelly wounded, Revere died, cared for, mercifully, by dear friends who chanced to be at his side. The blow Osler bore with calm dignity and beauty. The old life continued; his house as ever, was open to all. In the last year of his life over 1600 guests sat at his hospitable board. But it was a crushing blow from which he never recovered, and it killed that exuberant vitality which had promised so many long and fertile years. With the same old cordiality he greeted his friends—with the same outward air of enthusiasm he went about his many activities. His address as President of the Classical Association was a contribution in which those who strive for the maintenance of high standards of scholarship in medicine will long take comfort.

The twelfth of July was his seventieth birthday. Two volumes of contributions to the medical sciences prepared in his honour by pupils and friends were presented to him by his colleague Sir Clifford Allbutt. His old students and companions in Baltimore united in dedicating their affectionate tributes to the beloved master. Testimonials of gratitude and affection poured upon him from all sides. On few in their life-time has such honor and love been showered. He was deeply moved. But his heart was broken. And when the test came, the old bodily vigor and resistance were gone.

In his last days he remembered as ever his associates of former years. Week by week he dictated or wrote letters from his sick-bed first to one and then to another of his old friends. And when he could no longer write, he asked those by him to write in his stead.

He was a keen observer, a brilliant clinician. His contributions to medicine and medical education were important. He was a great teacher. But his main strength lay in the singular and unique charm of his presence, in the sparkling brilliancy of his mind, in the rare beauty of his character and of his life, and in the example that he set to his fellows and to his students. He was a quickening spirit.

MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

NOTE.—*Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies*

BALTIMORE CITY MEDICAL SOCIETY, President, GUY L. HUNNER; Vice-President, H. G. BECK; Secretary, EMIL NOVAK; Treasurer, W. S. GARONER; Censors, J. M. HUNDLEY, J. S. CULLEN, R. WINSLOW; Delegates, T. S. CULLEN, S. McCLEARY, L. HAMMAN, G. W. MITCHELL, H. E. PETERMAN, E. NOVAK, F. R. SMITH, N. E. B IGLEHART, H. JONES, E. H. HUTCHINS, E. R. OWINGS.

SECTION OF CLINICAL MEDICINE AND SURGERY. First and Third Fridays, 8:30 P.M., October to May. Chairman, J. STAIGE DAVIS, M.D.; Secretary, E. B. FREEMAN, M.D.

SECTION OF DERMATOLOGY. Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PEIS, M.D.

SECTION OF GYNECOLOGY AND OBSTETRICS. Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNGOLOGY. Fourth Fridays monthly, 8:30 P.M. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.

SECTION OF MEDICAL EXAMINERS. Third Fridays in November and March. Chairman, J. D. IGLEHART, M.D.; Secretary, W. E. MAGRUDER, M.D.

SECTION OF NEUROLOGY. Second Friday, monthly. Chairman, C. M. BYRNES, M.D.; Secretary, D. D. V. STUART, M.D.

SECTION OF OPHTHALMOLOGY AND OTOTOLOGY. Third Wednesdays. Chairman, E. A. KNORR, JR.; Secretary, E. A. LOOPER.

ALLEGANY COUNTY MEDICAL SOCIETY. President, E. B. CLAYBROOK, Cumberland; Secretary, H. V. DEMING; Treasurer, F. G. COWHERD, Cumberland, Md.; Delegate, A. H. HAWKINS. Second Wednesdays of January, April, July and October; annual meeting in January.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY. President, J. O. PURVIS, Annapolis, Md.; Secretary, F. E. WEITZMAN, Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, L. B. HENKEL. Second Tuesday of January, April, July and October.

BALTIMORE COUNTY MEDICAL SOCIETY. President, J. W. HARRISON, Middle River, Md.; Secretary-Treasurer, G. S. M. KIEFFER, Morell Park, Md.; Delegates, H. L. NAYLOR, J. S. BOWEN, Mt. Washington, Md. Third Wednesdays, at 2 P.M.

CALVERT COUNTY MEDICAL SOCIETY. President, W. H. MARSH, Solomon's, Md.; Secretary-Treasurer, J. W. LEITCH, Huntingtown, Md.; Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.

CAROLINE COUNTY MEDICAL SOCIETY. President, S. S. STONE, Ridgely, Md.; Secretary-Treasurer, J. R. DOWNES, Preston, Md.; Delegate, J. C. MADARA, Ridgeley, Md.

CARROLL COUNTY MEDICAL SOCIETY. President, D. B. SPRECHER, Sykesville, Md.; Secretary-Treasurer, H. M. FITZHUGH, Westminster, Md.; Delegate, M. D. NORRIS. April, July, October, December; annual meeting in October.

CECIL COUNTY MEDICAL SOCIETY. President, T. J. CONROY, Chesapeake City, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, J. S. DARE, Rising Sun. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.

CHARLES COUNTY MEDICAL SOCIETY. No active organization.

DORCHESTER COUNTY MEDICAL SOCIETY. President, F. H. NICHOLS, E. Newmarket, Md.; Secretary-Treasurer, E. E. WOLFF, Cambridge, Md.; Delegate, JOHN MACE, Cambridge Md. Meetings first Tuesday in June and December.

FREDERICK COUNTY MEDICAL SOCIETY. President, H. P. FAHRNEY, Frederick, Md.; Secretary, J. M. GOODMAN, Frederick, Md.; Treasurer, E. L. BOWLUS, Middletown, Md.; Delegate, I. J. McCURDY. January, April, August and November.

HARFORD COUNTY MEDICAL SOCIETY. President, P. F. SAPPINGTON, Belair, Md.; Secretary-Treasurer, DR. CHARLES BAGLEY, Bagley, Md.; Delegate, W. S. ARCHER, Second Wednesdays in January, March, May, July, September and November.

HOWARD COUNTY MEDICAL SOCIETY. President, F. E. SHIPLEY, Savage, Md.; Secretary-Treasurer, W. C. STONE, Ellicott City, Md.; Delegate, W. R. WHITE, Meetings (quarterly) first Tuesdays in January, April, July and October.

KENT COUNTY MEDICAL SOCIETY. President, H. G. SIMPERS, Chestertown, Md.; Secretary-Treasurer, F. B. HINES, Chestertown, Md.; Delegate, F. B. HINES.

MONTGOMERY COUNTY MEDICAL SOCIETY. President, E. W. WHITE, Poolesville, Md.; Secretary-Treasurer, E. L. BULLARD, Rockville, Md.; Delegate, J. E. DEETS. Third Tuesdays in January, April, July and October.

PRINCE GEORGE'S COUNTY MEDICAL SOCIETY. President H. B. McDONNELL, College Park, Md.; Secretary, R. A. BENNETT, Riverdale, Md.; Treasurer, W. ALLEN GRIFFITH, Berwyn, Md.; Delegate, H. B. McDONNELL. Second Saturday of January, April, July, October.

QUEEN ANNE'S COUNTY MEDICAL SOCIETY. President, W. W. BOWEN, Price, Md.; Secretary-Treasurer, H. F. MCPHERSON, Centerville, Md.; Delegate, W. H. FISHER.

ST. MARY'S COUNTY. No active organization.

SOMERSET COUNTY MEDICAL SOCIETY. President, G. C. COULBOURNE, Marion Station, Md.; Secretary-Treasurer, H. M. LANKFORD, Princess Anne, Md.; Delegate, G. T. ATKINSON, First Tuesday in April at Crisfield; first Tuesday in October at Princess Anne.

TALBOT COUNTY MEDICAL SOCIETY. President, J. H. HOPE, St. Michael's, Md.; Secretary-Treasurer, J. A. ROSS, Trappe, Md.; Delegate, W. S. SEYMOUR. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

WASHINGTON COUNTY MEDICAL SOCIETY. President, J. W. HUMRICHOUSE, Hagerstown, Md.; Secretary, W. D. CAMPBELL, Hagerstown, Md.; Treasurer, J. E. PITNOGLE, Hagerstown, Md.; Delegate, VICTOR D. MILLER, Second Thursday.

WICOMICO COUNTY MEDICAL SOCIETY. President, J. M. ELOERDICE, Mardella Springs; Secretary and Treasurer, H. S. WAILES, Salisbury, Md.; Delegate, G. W. TODD.

WORCESTER COUNTY MEDICAL SOCIETY. President, PAUL JONES, Snow Hill, Md.; Secretary and Treasurer, R. LEE HALL, Pocomoke City, Md., Delegate, PAUL JONES, Snow Hill, Md.

THE BULLETIN
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Medical and Chirurgical
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OWNED AND PUBLISHED BY THE ABOVE-NAMED STATE MEDICAL SOCIETY
SOLELY IN THE INTEREST OF THE MEDICAL PROFESSION

1211 CATHEDRAL ST., BALTIMORE MD. 25c. PER ANNUM

VOL. XII

FEBRUARY, 1920

No. 5

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CONTROLLED BY THE COUNCIL AND EDITED BY A COUNCILLOR,
DR. HARVEY B. STONE

PUBLISHED MONTHLY EXCEPT JUNE, JULY, AUGUST AND SEPTEMBER

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GROUP CONSCIOUSNESS

The world today is full of evidence that men are becoming increasingly aware of the ties that unite them in various groups. Each racial and national division of humanity is vocally insistent on its distinctiveness and independence. The associations based on similar economic and industrial status, as exemplified by trade-unionism, are constantly growing more sharply defined and better organized. The fundamental reason for such a movement is no doubt to be found in the tremendously increased political and economic stress and change of the past five years. Individuals realize their complete helplessness to cope with such mighty forces and seek protection by combining into masses that may with success stand out for the mutual interest of the group. Such movements are no doubt necessary, and indeed inevitable.

It is a matter of interesting speculation to consider what effect this general movement may have upon the medical profession. There are not wanting signs that medical men are beginning to yield to the widespread tendency toward closer economic organization. Recently the public prints have announced that medical societies in some localities are agreeing on minimum fees for professional services. In private conversation, many doctors have expressed the opinion that such steps are desirable, and will soon become necessary for protection against the ever-

increasing cost of living. It is to be noted that this is a new departure. Although the lay public and some of our fellows in other professions have declared medicine the best organized of any of the learned callings, and some have referred to the American Medical Association as the "Medical Trust," or the "Doctor's Union," actually no broad effort has ever been made to establish standards of economic returns for professional work. Has the time come when this should be done?

There are times, no doubt, when most of us feel that the answer should be, "Yes." Our travelling and the transportation of our supplies are apparently at the mercy of one group of interested citizens. Our purchase of the daily necessities is controlled by another group. A third deals in an authoritative, not to say arbitrary, fashion in our household repairs. It is only human at times to say to one's self, "Mr. Plumber, Mr. Paper-hanger, Mr. Food-and-Clothes Profiteer, Mr. Railroad Man, pray for good health! Because if you get sick, some doctor will certainly even the score with you." If reports be true, this human instinct has been given actual expression in France. During the recent railways strike, it is said that the strikers were notified by the concerted medical profession of certain towns, that had suffered severely, that they need expect no medical care for themselves or their families until matters were put right.

A part of the motive of self-defense is the question of economic equilibrium. Must not the doctor raise his fees if his dollar is worth less than fifty cents? And can he do it successfully alone,—must not all act together? There are many who would say "Yes" to these questions. There are also many who will refuse to be answered by sentimental appeals for "humanity."

The doctor has seldom been found wanting when humanity made an honest appeal for his help, but is it not time to look a little closer into the pleas of all sorts that we are getting? Does the same man who cries for charity from the doctor, extort the limit from the doctor when his own services are being purchased?

Perhaps it is unwise to accentuate the present tendency toward class and group separation—a tendency generally regarded as unwholesome for a democracy, a tendency already acquiring a disturbing momentum. Admitting that, how long does public spirit require that one shall sacrifice one's own interests to an ideal that is no longer even believed in by the rest of the public? Recent experiences in self-sacrifice have made many realize that the only reward is the sense of duty well performed. But after all that may be the greatest reward life affords.

AN ARGUMENT IN FAVOR OF THE ESTABLISHMENT OF
A MEDICAL NEWSPAPER—COMPARABLE TO THE
TRADE JOURNAL OF OTHER WALKS OF LIFE.

By BERTRAM M. BERNHEIM,

Read at a meeting of the Baltimore City Medical Society, January 9, 1920.

My purpose in coming before you this evening is to present for your consideration the results of certain reflections and observations that have been occupying my attention for many months, the entire train of thought having to do with the welfare of the medical profession and its future development. Certain members of the Society are already acquainted with the views embodied in this paper since, at a loss as to the proper course to pursue, I sought their advice. As a result of that counsel the matter is now brought before this open meeting.

Stated as briefly as possible, it is apparent that the time for an awakening of the medical profession is at hand. At the present time—as in the past—doctors are considered nice men (and women) and of more or less use in a sick-room, but of little or no weight in the community at large—a group of men narrow of interest and uninformed on nearly every subject except medicine, unorganized, suspicious and jealous of each other. This is in part due to our own apathy, but it is also the result of a heredity we must strive to overcome. Thus far we have been children in the hands of our brothers in other walks of life, mere children, to be petted and cajoled and helped along—but never regarded as a serious force in community life. And we have aided and abetted this state of affairs by hedging ourselves about from time immemorial with a code of ethics, an unwritten law that has literally bound and gagged us from the very outset.

A change is imminent. These days, while filled with peril and, to the pessimist leading only toward disruption, are merely but a cataclysmic upheaval in the general process of readjustment that follows a war and precedes renewed advance—and we physicians must advance along with the rest; otherwise we are lost.

But our development along the lines of organized effort has been so retarded that the first step must not only be carefully guarded; it must be of an elementary character. As individuals, in treating the sick we do very well; and in so far as we are doctors we have the respect, even the admiration of our fellowmen, but as a class, as a body of highly educated, intelligent men who know what should be our position in the community, who understand the advantages of true organization, who at all times may be expected to exert the full force of our power in matters

pertaining to the public welfare and in our own behalf, we simply are a negligible factor. And we are so complacent about it. The ridiculous position in which we find ourselves never seems to occur to us, or if it does there is little or no outward expression of it.

For example, the American Medical Association has done much good—granted. But it should be an organization of tremendous force and power, and this it most decidedly is not. How can it be when we regard its Presidency as a mere honor, and, in order that as many men as possible may be thus honored, we elect a new President each year. And what is the result? The organization is guided by a man or perhaps a group of men who are unknown to the majority of the members of the Association and therefore are not responsible for their acts, the President, the man who should set the policy, the man to whom the profession and the general public looks as the representative of the medical profession, being a mere figurehead. This is no attack on the American Medical Association. It is purely a statement of fact and I am as much to blame for it as any one else. But why do we continue this state of affairs? Why do we not elect our President for a long term of years in order that he may have opportunity to study conditions, perfect an organization, form a policy and put it through? Because the executive offices are in Chicago and the President may be a resident and practitioner in New Orleans or San Francisco? Years ago that might have sufficed as reason. It will not suffice any longer. The President of the American Medical Association should be a seasoned, well-balanced, broad-minded man of force, a man of ideals. He should receive a salary commensurate with the dignity and importance of his office—a salary not less than \$25,000 a year—and his term of office should be not less than four years with the privilege of re-election. Under these circumstances he could afford to give up his practice during his incumbency and move to Chicago, though this latter eventuality may not necessarily be demanded. Just think what this would mean to the medical profession and to our country!

And if we bring this matter nearer home I unhesitatingly maintain that the underlying reason for the present unimportance of the Medical and Chirurgical Faculty in this State is due to a similar reason. I do not mean to say that the election of a man as our chief for a long period of years would be a panacea and that, this done, we could all retire to our homes and rest while he would do the work. No indeed! We should first have to find a real man, then give him rein—and then back him up. I would like then to see a mayor of this city throw out of office a tried and efficient health commissioner. I would like then to see any official place his own family physician or his medical personal friend or his medical political henchman in any position of responsibility for which he is not

by training and experience well qualified. We physicians owe a duty to the public and to ourselves. The machinery by means of which we can assert ourselves has long been at hand, but we have failed to avail ourselves of it, and for the very good reason that we have not realized the profound importance of doing so.

And if we carry this a step further, the reason for this apparent failure, the cause of this lethargy in matters pertaining to our own welfare and our inability to combine into a single acting, clear-thinking body of men is seen to be due in no small part to the fact that we have not been educated up to it. And this lack of education is attributable in great part to the fact that there is not one single paper in the medical profession devoted to a development of our civic sense, to educational purposes in general, to professional advancement, to a crystallization of medical opinion. We have medical papers galore—good, bad and indifferent, weeklies and monthlies—but without exception every single one of them deals solely with abstract medical science. Only in an occasional one, like the *Journal of the American Medical Association*, do we even find a few faint-hearted editorials. It is the most amazing state of affairs; and it is inexcusable. There is little wonder that we are children in the hands of our friends in other walks of life. More wonder that we are not infants.

I would suggest, therefore, that, as the first step in our education, there be established without delay a medical newspaper, hardly a daily paper, rather a weekly. And I would further propose—after having gone over the matter with some of my friends—that steps be taken to induce the American Medical Association to take over the publication of this paper, since this Society is of national scope and is the most representative organization of medical men in the country.

The paper I have in mind will be comparable to the trade journal in other walks of life. It will keep doctors informed of the activities of their profession, it will tell them what they should know and should do and how to go about doing them. And through the usual exchanges with other papers—especially the larger daily newspapers—it will help to keep the laity abreast of medical thought and work. It will be a sort of link between doctors and laymen. For the public generally is tremendously interested in our affairs and with good reason, since upon our proper development and education and well-being so much depends. We have lost sight of this interest, I fear; certainly we have failed to take advantage of it. We have even discouraged the layman's attempts to familiarize himself with our affairs, there has been too much secrecy and our journals have been unintelligible to him. The inroads of Christian Science, of Osteopathy and of similar parasitic growths are in no small part due to the public ignorance of our real work and our aims and our ideals. It

may have been necessary or at least advisable twenty-five or fifty years ago for doctors to stand aloof and to keep their affairs strictly to themselves, giving no explanations to the public at large. I do not feel qualified to say whether this policy was an enlightened one or not, but the most that can be said for it is that the public stood for it. We have only to look about us to learn that the public of these days demands more in the way of explanation and enlightenment on all subjects than it did formerly. And to my mind the public is right. We doctors had best take notice. And if we would only look at the matter in the proper light it would be readily apparent that we have nothing to lose but everything to gain—coöperation, confidence, encouragement—everything.

But before we can do much for the public it might be well for us to become a little more alive to medical affairs ourselves. And in that connection I would call your attention to certain matters of prime importance upon which enlightenment is greatly to be desired—subjects like the standardization of hospitals, the change from part to full time teachers, both of which would be the better for frank, open and unbiased discussion by medical men generally. And the present tendency toward group practice, the rapid growth of hospital treatment for the sick generally, thus bringing on an acute shortage of hospital beds. Where is the light on these matters? What is the cause of this development? And where, at present, can matters of this nature be discussed?

I would like to know what the Doctors Mayo think on certain of these subjects, and the views of Dr. Welch and Dr. Barker and other leaders of thought would interest me tremendously. The doctor out in Arizona or Illinois or West Virginia would probably be interested, too. The change from part to full time teachers in the practical branches of medicine involves a change in our methods fundamental in character. Upon its success or failure the entire course of future medicine may depend. Who knows? If the system is working out as expected or if it is not, I would like to know; so would everyone else. And it is conceivable that a free and open discussion of the matter by medical men throughout the country might be productive of new and better ideas along this line than those that are held by the group of men responsible for the inauguration of the step.

And why this effort at hospital standardization? Are our present hospitals not satisfactory? What is the meaning of the term "Hospital Standardization?" The American College of Surgeons started this work and from time to time bulletins are issued telling of the progress [made. These bulletins go to the three thousand odd members of the College and perhaps to anyone else interested. But how about those fifty or seventy-five thousand doctors who are not members of the College? Do they have

no connection with hospitals? Are they not interested? Or are their hospitals not being standardized?

The paper I have in mind would tell all about this movement; it would explain it and furthermore the profession in general and the public at large would be kept constantly informed as to progress made. It is a tremendous undertaking, this standardization of hospitals. It is one of extreme importance and is badly needed. Its success means much to the profession but more, infinitely more, to the public at large.

And suppose a discovery of real practical importance, a possible cure for cancer of the breast for example, should come from some laboratory. An appreciation, an intelligent discussion of it by Dr. Finney, by Dr. Fred Murphy and by other men of known judgment, would be of tremendous help to a groping profession. The original publication of such a work would appear in one of the usual medical journals, the discussion, the warnings might well come out in the paper under discussion, the editor of which would ask these men for their opinions. Under the present regime a man may or may not be impressed with the original contribution and depending on how he feels he may or may not try the suggested cure. As a matter of fact, what usually happens is that the newer procedures only too often are tried out by those who have no business trying them, while those whose training and whose facilities are such that a real trial could be made pass by the opportunity or wait for the other fellow to do it. And what is the result? Valuable time is lost before the great clinics give their verdicts, to say nothing of the lives lost through ill-conceived efforts. And I maintain that if Dr. John Deaver or Dr. William Mayo or Dr. Finney, after reading the laboratory details of this hypothetical cure for breast cancer and perhaps after talking the matter over personally with the investigators, if they should then come out with a simple paper explaining the procedure in a practical way to the profession at large and perhaps advising that the individual should restrain himself until two or three of the larger clinics could try the matter out, their opinions would carry great weight and much benefit might accrue. Do we get these opinions now, does the profession take advantage of the huge experience, and wisdom of its leaders? Only to a limited extent.

Then there is another matter of pressing importance. Why is the medical profession not represented in the President's Cabinet? The disastrous epidemic of 1918, the ravages of tuberculosis, the scourge of syphilis, are these matters not of an importance equal to that of commerce and labor and agriculture? As matters now stand, where does the President get his advice on medical affairs? Possibly he calls in some one like Dr. Welch or Dr. Vaughan; then again, and that is most likely, he talks things over with his personal physician. In any case there is no

department of medicine in the Government, as there should be. Certain pressure toward this end has been brought to bear, that we all know, but there has been no concentrated effort on the matter either among doctors or among laymen. This is an affair of the utmost importance, it should be carefully explained to the people of the country, they should be made to feel that until there is a department of medicine in the Government whose head is a member of the President's Cabinet, equal in voice and power to the other members, there can be no adequate medical protection, there can be no settled policy in matters of broad importance to the health and welfare of the community in general, there can be no true coordination of effect. It is our duty to make the fight—it can only end successfully.

There are a host of other subjects that might be touched upon but I will conclude this paper by bringing to your attention the one that probably is most in need of inquiry and investigation and proper handling. As matters now stand, the medical profession—especially with the cost of living ever increasing—offers but a poor living to most men; and observation has convinced me that there are right now in the City of Baltimore and elsewhere a host of excellent surgeons and physicians who spend easily one half of their time doing little or nothing; the minority is busy, quite busy; the majority is unengaged.

I do not know all the reasons for this state of affairs. Too many doctors in cities, too few in the small towns and the country districts is one reason. Another and a potent one is that success in practice by no means depends on a man's mental forces and his individual initiative. He must sit quietly by and wait and work for little or nothing and make friends. He can not come out in the open, like men in other walks of life, no matter how profound his knowledge or how wide his experience and by sheer force of will and grit and drive cleave his way up the ladder. It is not permitted.

But I make this prediction. The present state of affairs will not long persist. I foresee the time when there will come into existence in every community large groups of doctors, corporations, business firms which will own or control their own hospitals. They will carry on their work in a businesslike manner, in a way they will advertise, they will have their own research laboratories—and they will do the bulk of the work wherever they are. Thus a minimum of physicians and surgeons and laboratory workers will do efficiently the work that is now done in such a haphazard manner. And these business institutions, these stock companies, these corporations will descend from father to son, just as business houses in other walks of life do, thus bringing great benefits both to the profession and to the public. Either this will come to pass or the State will take over all medical work, the latter, in my opinion, an eventuality most remote.

We are asleep, I say, sound asleep. It behooves us to wake up and look about us. Our problems by no means have to do with disease entirely. Our rank and file should be bigger and broader men, men interested in all phases of work. We must band ourselves together so that we can exert our inherent force in whatever direction it is needed; we must look to our present problems with an unclouded mind and we must have an undimmed vision in order to foresee the greater problems of the future. My friends, there is no other profession or business in the world comparable to that of the medical profession. Every advance we make, every discovery that comes about, while making toward the public good, retroacts on us, reduces our financial return, makes our living more precarious. This very fact of itself, evidence supreme of our fundamental unselfishness, should make of us a force in the world's work second to none.

To bring about certain of the changes mentioned—and there are many more—to create the desired and necessary sentiment, to crystallize opinion, we must have a vehicle wherein such matters can be exposed to view. This is the first step. It amounts to a campaign of education and I hope you stand convinced of the great need for it.

SOCIETY MEETINGS.

BALTIMORE CITY MEDICAL SOCIETY.

The Annual Meeting was held on Friday, December 5, 1919, at 8.30 p.m., Dr. G. L. Hunner presiding. The minutes of the previous meeting were read and approved.

The report of the Board of Censors was read by the Chairman, Dr. J. M. Hundley, who presented the names of forty-five physicians as eligible for election as members.

Drs. Vest and Peterman were appointed to act as tellers, and all the applicants were duly elected.

The Nominating Committee, through the Chairman, Dr. A. M. Shipley, presented the following list of nominations for the various offices for the ensuing year;

President, Dr. Harvey B. Stone.

Vice-President, Dr. E. A. Looper.

Secretary, Dr. Frank S. Lynn.

Treasurer, Dr. Charles Emil Brack.

Board of Censors, Dr. G. L. Hunner.

Honor Committee, Dr. Gordon Wilson.

Delegates, Drs. Standis McCleary, G. W. Mitchell, Louis Hamman, H. E. Peterman, W. A. Fisher, Jr.

The secretary was instructed to cast a ballot for the whole list and these members were declared elected.

The report of the Treasurer was read by the Treasurer Dr. William S. Gardner:

Treasurer's report.

December 1, 1918-December 1, 1919.

Receipts.

Balance brought forward.....	\$897.72
Dues and membership fees.....	5,370.19
Total.....	\$6,267.91

Expenditures.

Medical and Chirurgical Faculty, dues.....	\$3,837.60
Medicel and Chirurgieal Faculty, use of halls.....	200.00
Medical and Chururgieal Faeulty, clerical assistance.....	180.00
Printing posteard noticees, etc.....	207.30
Postage.....	10.00
Addressograph Company.....	12.51
Incidentials.....	2.35
Lantern operator, etc.....	6.30
Annual Meeting luncheon.....	150.00
Returned membership fees, etc.....	29.17

	\$4,635.23
Balanee Deeember 1, 1919.....	1,632.68

Total.....	\$6,267.91

The report of the Secretary was read by the Seeretary, Dr. Emil Novak:

Secretary's report.

Deeember 1, 1918-December 1, 1919.

Membership, December, 1918.....	556
New members.....	63
Reinstated.....	9

Gain.....	72
Dropped.....	6
Deeeased.....	7
Removed.....	7
Resigned.....	1

Loss.....	21
Actual gain.....	51

Membership December 1, 1919.....	607
Members paid in advanee (1919).....	464
Members in arrears for 1919.....	19

A brief motion was offered by Dr. Gardner, seconded by Dr. Brinton, that \$1000 be transferred from the Treasury of the Baltimore City Medical Society to the Campaign Fund of the Medical and Chirurgical Faculty. Motion carried.

Dr. John Ruhräh, President of the Faculty, made a few remarks as to the progress of the campaign being carried on to clear the mortgage on the Faculty Building, and to provide additional library facilities.

The scientific program was devoted to a Symposium on Hospital Standardization. The first speaker was Dr. George Gray Ward, Chief Surgeon, Women's Hospital, New York City, who spoke on "Hospital Standardization." The second address was delivered by Dr. John G. Bowman, Director of the American College of Surgeons, Chicago, Ill., on "The Work of the American College of Surgeons in the Standardization of Hospitals." The papers of Drs. Ward and Bowman were discussed by Dr. J. M. H. Rowland, Dean of the Medical Department of the University of Maryland, Dr. H. J. Moss, Superintendent of the Hebrew Hospital, and Hon. J. Barry Mahool, President of the Board of Directors of the South Baltimore General Hospital. Discussion was closed by Drs. Ward and Bowman.

The meeting then adjourned.

BALTIMORE CITY MEDICAL SOCIETY

The regular meeting was held Friday evening, December 19, 1919, in the Faculty Building. Meeting was called to order by Dr. E. A. Looper. The minutes of the previous meeting were read and accepted.

The "Clinical Session" was opened by Dr. C. W. Maxon, who reported a case of "Unilateral Absence of Tube and Ovary." This subject was discussed by Dr. J. M. Hundley, Dr. Emil Novak and Dr. Maxon. Dr. W. D. Wise then reported "Several Unusual Cases of Intestinal Obstruction." This paper was discussed by Drs. R. B. Warfield, J. H. Branham, E. Novak and W. D. Wise. Dr. Gordon Wilson then reported several cases emphasizing "The Importance of Thoroughness in Diagnosis." Discussed by Drs. Beck and Wilson.

Meeting then adjourned.

JANUARY 9TH

The Baltimore City Medical Society met in regular session Friday, January 9, 1920. The meeting was presided over by Dr. Harvey B. Stone. Minutes of previous meeting accepted as read.

A minute on the death of Sir William Osler was offered by Dr. William S. Thayer. On motion of Dr. Thomas S. Cullen this was adopted by a standing vote and was ordered placed in the minutes of this Society, to be published in the Bulletin, daily papers and a copy to be sent to Lady Osler.

Dr. George Walker opened the scientific part of the meeting by presenting a paper on "The abolition of venereal diseases." This was discussed by Drs. Lewis Rosenthal, Howard A. Kelly, L. F. Barker, Herbert Schoenrich, Samuel Wolman, W. S. Thayer and George Walker.

Dr. Bertram M. Bernheim then read a paper on the "Argument for a medical newspaper." This subject was discussed by Dr. L. F. Barker, A. M. Shipley, T. S. Cullen, Winford H. Smith and B. M. Bernheim.

The meeting then adjourned.

OFFICERS AND COMMITTEES FOR 1920

President

Dr. James E. Deets

Vice-Presidents

A. M. Shipley

T. R. Boggs

E. F. Jones

Secretary

John Staige Davis

Treasurer

Charles Emil Brack

Councillors

Hiram Woods, L. F. Barker, H. B. Stone, R. Lee Hall, Charles O'Donovan, Peregrine Wroth, Jr., W. S. Archer, T. B. Johnson, Randolph Winslow, J. O. Crouch, Alexius McGlannan, Standish McCleary, W. R. White, W. H. Hopkins, H. G. Simpers

Committees

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Library Committee.—John Ruhräh, J. W. Williams, H. B. Jacobs, Alexius McGlannan, L. F. Barker.

Finney Fund.—Harry Friedenwald, J. W. Williams, John Ruhräh, Alexius McGlannan, L. F. Barker.

Delegates to A. M. A.—T. S. Cullen, Alternate, Charles O'Donovan; Randolph Winslow; Alternate, L. F. Barker.

Public Instruction.—Compton Riely, A. H. Hawkins, J. O. Purvis, Wm. J. Todd, J. H. Bay.

Post Graduate Work and Instruction.—J. H. Pleasants, H. W. Buckler, J. H. M. Knox, C. W. Larned, E. L. Bullard.

Midwifery Law.—J. W. Williams, H. D. Purdum, L. C. Carrico, I. J. McCurdy, G. W. Dobbin.

Memoir.—W. B. Platt, W. M. Dabney, C. L. Mattfeldt, Levin West, Hugh L. Bradley.

Fund for Widows and Orphans.—G. W. Mitchell, Anna S. Abercrombie, S. A. Nichols, G. W. Latimer, D. C. R. Miller.

Defense of Medical Research.—T. S. Cullen, W. R. Stokes, W. S. Baer, Standish McCleary, J. McFadden Dick.

Medical Education.—Herbert Harlan, Randolph Winslow, J. W. Williams.

Legislative Committee.—F. V. Beitler, Herbert Harlan, J. S. Bowen.

STATE PRACTICE ACT

State Board of Medical Examiners.—Herbert Harlan, J. McP., Scott, Harry L. Homer, J. L. Riley, H. M. Fitzhugh L. A. Griffith, E. E. Wolff, H. T. Collenberg.

Regular Meetings of the Board of Medical Examiners of Maryland.—Fourth Tuesday in April; first Tuesday in June; first Wednesday in October; first Wednesday in December.

Regular Examinations.—Examinations are held in Baltimore. Third Tuesday in June for four consecutive days. Second Tuesday in December for four consecutive days.

Maryland is in reciprocal relationship with the following States; Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, Ohio, Oklahoma, S. Carolina, Texas, Vermont, Virginia, W. Virginia and Wisconsin, subject to requirements and fees imposed by the respective States.

Information connected with Medical Examinations and licensure by addressing Secretary, J. McP. Scott, Hagerstown, Md.

MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

NOTE.—*Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies*

BALTIMORE CITY MEDICAL SOCIETY. President, HARVEY B. STONE, Vice-President, H. G. BECK; Secretary, FRANK S. LYNN; Treasurer, CHAS. EMIL BRACK; Censors, J. M. HUNDLEY, GUY L. HUNNER, R. WINSLOW; Delegates, E. NOVAK, F. R. SMITH, N. E. B. IGLEHART, H. JONES, E. H. HUTCHINS, E. R. OWINGS, W. A. FISHER, S. McCLEARLY, L. HAMMAN, G. W. MITCHELL, H. E. PETERMAN, SECTION OF CLINICAL MEDICINE AND SURGERY. First and Third Fridays, 8.30 P.M., October to May. Chairman, J. STAIGE DAVIS, M.D.; Secretary, E. B. FREEMAN, M.D.

SECTION OF DERMATOLOGY. Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PELS, M.D.

SECTION OF GYNECOLOGY AND OBSTETRICS. Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNGOLOGY. Fourth Fridays monthly, 8.30 P.M. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.

SECTION OF MEDICAL EXAMINERS. Third Fridays in November and March. Chairman, J. D. IGLEHART, M.D.; Secretary, W. E. MAORUDER, M.D.

SECTION OF NEUROLOGY. Second Friday, monthly. Chairman, C. M. BYRNES, M.D.; Secretary, D. D. V. STUART, M.D.

SECTION OF OPHTHALMOLOGY AND OTOLOGY. Third Wednesdays. Chairman, E. A. KNORR, JR., Secretary, E. A. LOOPER.

ALLEGANY COUNTY MEDICAL SOCIETY. President, G. O. SHARRETT, Cumberland; Secretary, H. V. DEMING; Treasurer, F. G. COWHERD, Cumberland, Md.; Delegate, A. H. HAWKINS. Second Wednesdays of January, April, July and October; annual meeting in January.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY. President, J. O. PURVIS, Annapolis, Md.; Secretary, F. E. WEITZMAN, Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, L. B. HENKEL. Second Tuesday of January, April, July and October.

BALTIMORE COUNTY MEDICAL SOCIETY. President, J. W. HARRISON, Middle River, Md.; Secretary-Treasurer, G. S. M. KIEFFER, Morell Park, Md.; Delegates, H. L. NAYLOR, J. S. BOWEN, Mt. Washington, Md. Third Wednesdays, at 2 P.M.

CALVERT COUNTY MEDICAL SOCIETY. President, W. H. MARSH, Solomon's, Md.; Secretary-Treasurer, J. W. LEITCH, Huntington, Md.; Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.

CAROLINE COUNTY MEDICAL SOCIETY. President, S. S. STONE, Ridgely, Md.; Secretary-Treasurer, J. R. DOWNES, Preston, Md.; Delegate, J. C. MADARA, Ridgeley, Md.

CARROLL COUNTY MEDICAL SOCIETY. President, D. B. SPRECHER, Sykesville, Md.; Secretary-Treasurer, H. M. FITZHUGH, Westminster, Md.; Delegate, M. D. NORRIS. April, July, October, December; annual meeting in October.

CECIL COUNTY MEDICAL SOCIETY. President, V. H. McKNIGHT, North East, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, G. H. RICHARDS. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.

CHARLES COUNTY MEDICAL SOCIETY. No active organization.

DORCHESTER COUNTY MEDICAL SOCIETY. President, F. H. NICHOLS, E. Newmarket, Md.; Secretary-Treasurer, E. E. WORFF, Cambridge, Md.; Delegate, JOHN MAOE, Cambridge Md. Meetings first Tuesday in June and December.

FREDERICK COUNTY MEDICAL SOCIETY. President, H. P. FAHRNEY, Frederick, Md.; Secretary, J. M. GOODMAN, Frederick, Md.; Treasurer, E. L. BOWLES, Middletown, Md.; Delegate, I. J. McCURDY. January, April, August and November.

HARFORD COUNTY MEDICAL SOCIETY. President, P. F. SAPPINGTON, Belair, Md.; Secretary-Treasurer, DR. CHARLES BAILEY, Bagley, Md.; Delegate, W. S. ARCHER, Second Wednesdays in January, March, May, July, September and November.

HOWARD COUNTY MEDICAL SOCIETY. President, F. E. SHIPLEY, Savage, Md.; Secretary-Treasurer, W. C. STONE, Ellicott City, Md.; Delegate, W. R. WHITE, Meetings (quarterly) first Tuesdays in January, April, July and October.

KENT COUNTY MEDICAL SOCIETY. President, H. G. SIMPERS, Chestertown, Md.; Secretary-Treasurer, F. B. HINES, Chestertown, Md.; Delegate, F. B. HINES.

MONTGOMERY COUNTY MEDICAL SOCIETY. President, E. W. WHITE, Poolesville, Md.; Secretary-Treasurer, J. W. BIRD, Sandy Spring, Md.; Delegate, J. E. DEETS. Third Tuesdays in January, April, July and October.

PRINCE GEORGE'S COUNTY MEDICAL SOCIETY. President H. B. McDONNELL, College Park, Md.; Secretary, R. A. BENNETT, Riverdale, Md.; Treasurer, W. ALLEN GRIFFITH, Berwyn, Md.; Delegate, H. B. McDONNELL. Second Saturday of January, April, July, October.

QUEEN ANNE'S COUNTY MEDICAL SOCIETY. President, W. W. BOWEN, Price, Md.; Secretary-Treasurer, H. F. MCPHERSON, Centerville, Md.; Delegate, W. H. FISHER. ST. MARY'S COUNTY. No active organization.

SOMERSET COUNTY MEDICAL SOCIETY. President, G. C. COULBOURNE, Marion Station, Md.; Secretary-Treasurer, H. M. LANKFORD, Princess Anne, Md.; Delegate, G. T. ATKINSON. First Tuesday in April at Crisfield; first Tuesday in October at Princess Anne.

TALBOT COUNTY MEDICAL SOCIETY. President, J. H. HOPE, St. Michael's, Md.; Secretary-Treasurer, J. A. ROSS, Trappe, Md.; Delegate, P. L. TRAVERS. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

WASHINGTON COUNTY MEDICAL SOCIETY. President, J. W. HUMRICHOUSE, Hagerstown, Md.; Secretary, W. D. CAMPBELL, Hagerstown, Md.; Treasurer, J. E. PITNOGLE, Hagerstown, Md.; Delegate, VICTOR D. MILLER, Second Thursday.

WICOMICO COUNTY MEDICAL SOCIETY. President, J. M. ELDERDICE, Mardella Springs; Secretary and Treasurer, S. N. PILCHARD, Salisbury, Md.; Delegate, G. W. TODD.

WORCESTER COUNTY MEDICAL SOCIETY. President, PAUL JONES, Snow Hill, Md.; Secretary and Treasurer, R. LEE HALL, Pocomoke City, Md.; Delegate, PAUL JONES, Snow Hill, Md.

THE BULLETIN

OF THE

Medical and Chirurgical Faculty of Maryland



OWNED AND PUBLISHED BY THE ABOVE-NAMED STATE MEDICAL SOCIETY
SOLELY IN THE INTEREST OF THE MEDICAL PROFESSION

1211 CATHEDRAL ST., BALTIMORE, MD., 25c. PER ANNUM

VOL. XII

MARCH, 1920

No. 6

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Finney Fund.—Harry Friedenwald, J. W. Williams, John Ruhräh, Alexius McGlannan, L. F. Barker.

Delegates to A. M. A.—T. S. Cullen, Alternate, Charles O'Donovan; Randolph Winslow; Alternate, L. F. Barker.

Public Instruction.—Compton Riely, A. H. Hawkins, J. O. Purvis, Wm. J. Todd, J. H. Bay.

Post Graduate Work and Instruction.—J. H. Pleasants, H. W. Buckler, J. H. M. Knox, C. W. Larned, E. L. Bullard.

Midwifery Law.—J. W. Williams, H. D. Purdum, L. C. Carrico, I. J. McCurdy, G. W. Dobbin.

Memoir.—W. B. Platt, W. M. Dabney, C. L. Mattfeldt, Levin West, Hugh L. Bradley.

Fund for Widows and Orphans.—G. W. Mitchell, Anna S. Abercrombie, S. A. Nichols, G. W. Latimer, D. C. R. Miller.

Defense of Medical Research.—T. S. Cullen, W. R. Stokes, W. S. Baer, Standish McCleary, J. McFadden Dick.

Medical Education.—Herbert Harlan, Randolph Winslow, J. W. Williams.

Legislative Committee.—F. V. Beitler, Herbert Harlan, J. S. Bowen.

STATE PRACTICE ACT

State Board of Medical Examiners.—Herbert Harlan, J. McP., Scott, Harry L. Homer, J. L. Riley, H. M. Fitzhugh L. A. Griffith, E. E. Wolff, H. T. Collenberg.

Regular Meetings of the Board of Medical Examiners of Maryland.—Fourth Tuesday in April; first Tuesday in June; first Wednesday in October; first Wednesday in December.

Regular Examinations.—Examinations are held in Baltimore. Third Tuesday in June for four consecutive days. Second Tuesday in December for four consecutive days.

Maryland is in reciprocal relationship with the following States: Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, Ohio, Oklahoma, S. Carolina, Texas, Vermont, Virginia, W. Virginia and Wisconsin, subject to requirements and fees imposed by the respective States.

Information connected with Medical Examinations and licensure by addressing Secretary, J. McP. Scott, Hagerstown, Md.

THE BULLETIN
OF THE
MEDICAL AND CHIRURGICAL FACULTY
OF MARYLAND

CONTROLLED BY THE COUNCIL AND EDITED BY A COUNCILLOR,
DR. HARVEY B. STONE

PUBLISHED MONTHLY EXCEPT JUNE, JULY, AUGUST AND SEPTEMBER

VOL. XII

BALTIMORE, MARCH, 1920

No. 6

THE RIDGELY B. WARFIELD MEMORIAL.

The friends and patients of Dr. R. B. Warfield have started, as a memorial to him, a fund for the purchase of additional steel book shelves for our fire proof stack room. It was felt that his principles could in no other way be perpetuated so acceptably, and that it was most fitting because of his service on the Library Committee and his great interest in the Faculty. This fund has reached over a third of the sum required to erect the two tiers of necessary shelving, and it is hoped that the entire sum will be subscribed before the work of installation is complete. It is difficult to reach many of those who would like to contribute to this fund, as Dr. Warfield was the type of physician immortalized by Ian MacLaren in "Beside the Bonnie Briar Bush," who did not let his right hand know what was done by his left, and the great good that he did is unknown save in the hearts of those to whom he rendered service without recompense.

The following resolution was adopted by the Library Committee at its recent meeting:

"The members of the Library Committee record with sorrow the death of their colleague Dr. Ridgely Warfield. Dr. Warfield was a lover of books, was devoted to this Library and untiring in its service. Through his extensive knowledge of medical literature and his wide interests he made his presence on the Committee of lasting value to the Library and the Faculty; through his geniality and delightful comraderies won the deep affection of every member of our Committee, who mourn his loss."

TREASURER'S FINANCIAL STATEMENT.

January 1, 1919 to December 31, 1919.

RECEIPTS.

Balance Continental Trust Company, January 1, 1919.....	\$674.57
Dues members County Medical Societies.....	1,413.38
Dues members Baltimore City Medical Society.....	3,959.31
Dues members Md. State Dental Association.....	366.00
Clerical assistant Baltimore City Medical Society.....	180.00
Dental books, etc.....	50.00
Use of halls, Baltimore City Medical Society.....	200.00
Use of halls, offices, etc.....	1,925.00
J. M. T. Finney Fund.....	228.12
Baker Fund.....	64.01
Ellis Bequest, interest.....	1,800.00
Widows and Orphans Fund.....	22.84
Telephone tolls.....	6.00
Osler Testimonial Fund.....	146.50
Frick Fund.....	300.00
Miscellaneous sources.....	53.37
Interest to date	54.25
<hr/>	
Total.....	\$11,440.35

EXPENDITURES.

Salaries.....	\$4,138.00
House expenses.....	308.49
Gas and electricity.....	438.08
Coal and wood.....	830.40
Maintenance of property.....	883.24
Postage.....	20.00
Telephone.....	144.42
Annual Meeting.....	104.25
Interest on mortgage.....	750.00
Supplies.....	126.72
Water rent.....	18.24
Bulletin account.....	1,018.42
Physicians Defense.....	230.75
Printing.....	75.55
Incidentals.....	361.77
Library account, journals, etc.....	506.12
Binding.....	347.45
Library of Congress cards.....	32.32
Supplies.....	7.90
Dental books, etc.....	27.39
Association dues.....	15.00
Finney Fund.....	228.12

Baker Fund.....	\$64.01
Widows and Orphans Fund.....	22.84
Osler Testimonial Fund.....	147.50
Treasurer's bond.....	50.00
Insurance.....	33.00
Legislative Committee.....	12.00
Frick Fund.....	300.00
Total.....	\$11,238.98
Balance Continental Trust Company.....	201.37
	\$11,440.35

OSLER ENDOWMENT FUND.

PERMANENT ACCOUNTS ON DECEMBER 31, 1919.

	INVESTMENT.	CASH.
The investments of this Fund are:		
One United Railway 4 per cent bond.....	\$1,000.00	
One United States 4 per cent bond.....	1,000.00	
Thirty shares Norfolk R. & L. stock, par value.....	<u>750.00</u>	
 Cash in bank, December 31, 1918.....		\$162.02
Income from United Railway Bond.....		40.00
Income from United States Bond.....		40.00
Income from Norfolk R. & L. stock.....		45.00
Interest from Continental Trust Company.....		<u>4.46</u>
 Balance in bank.....		\$291.48

TRIMBLE LECTURESHIP FUND.

The investments of this Fund are:

Three Chicago Railway 5 per cent bonds.....	\$3,000.00
Two Georgia and Alabama Railway 5 per cent bonds...	2,000.00
Cash in bank, December 31, 1918.....	\$271.83
Income from Chicago Railway bonds.....	150.00
Income from Georgia and Alabama bonds.....	100.00
Interest from Eutaw Savings Bank.....	10.75
 Balance in bank.....	 \$532.58

FINNEY FUND.

The investments of this Fund are:

Baltimore City Stock, par value.....	\$4,000.00
Two Minn. and St. Paul Railway 5 per cent, par value.	2,000.00
Two Milwaukee R. & L. 5 per cent, par value.....	2,000.00
Two Chicago City Railway 5 per cent, par value.....	2,000.00

Cash in bank, December 31, 1918.....	\$770.69
Income from City Stock.....	160.00
Income from Minn. and St. Paul Railway.....	100.00
Income from Milwaukee R. & L.....	100.00
Income from Chicago Railway.....	100.00
Interest from Continental Trust Company.....	28.40

	\$1,259.09
Paid on order of committee.....	\$ 228.12
Cash in bank.....	1,030.97

	\$1,259.09

WIDOWS AND ORPHANS FUND.

The investments of this Fund are:

One University of Maryland 5 per cent, par value.....	\$500.00
One City of Aberdeen 5 per cent, par value.....	500.00
One Milwaukee Gas and Electric 4½ per cent.....	1,000.00
One United Railway 4 per cent bond, par value.....	1,000.00
One United States 4 per cent bond.....	500.00

Cash in bank, December 31, 1918.....	\$80.41
Income University of Maryland Bond.....	25.00
Income Aberdeen Bond.....	25.00
Income Milwaukee Bond.....	45.00
Income from United Railway Bond.....	40.00
Income from United States Bond.....	20.00
Interest from Continental Trust Company.....	4.88

	\$240.29
Paid on order of Committee.....	\$22.84
Balance in bank.....	217.45

	\$240.29

BAKER FUND.

The investments of this Fund, are:

One United Railway 4 per cent, par value.....	\$1,000.00
One United States 4 per cent.....	300.00

Cash in bank, December 31, 1918.....	\$40.86
Income United Railway Bond.....	40.00
Income United States Bond.....	12.00
Interest Continental Trust Company.....	1.55

	\$94.41
Paid on order of Committee.....	\$64.01
Balance in bank.....	30.40

	\$94.41

ELLIS BEQUEST.

The investment of this Fund is:

61 shares National Bank of Elkton, par value.....	\$6,000.00
Annual income.....	\$1,800.00

OSLER TESTIMONIAL FUND.

The investments of this Fund are:

Two Southern Railway 5 per cent bonds.....	\$2,000.00
Two Atlanta and Charlotte Railway 5's.....	2,000.00
Two Wabash Railway 5's.....	2,000.00
Four United Kingdom of Great Britain and Ireland 5½'s....	4,000.00
Cash in bank December 31, 1918.....	\$3.20
Income from Southern Railway bonds.....	100.00
Income from Atlanta and Charlotte bonds.....	100.00
Income from Wabash Railway bonds.....	100.00
Income and profit from French Republic bonds.....	260.17
Interest Continental Trust Company.....	14.61
Balance from Dr. Jacobs.....	267.89
	<hr/>
	\$845.87
Paid on order of Committee.....	\$146.50
Balance in bank.....	699.37
	<hr/>
	\$845.87

*Medical and Chirurgical Faculty,
of the State of Maryland,
Baltimore, Maryland.*

Baltimore, Maryland,
March 2, 1920.

Gentlemen: In conformity with your instructions, we report we have made an audit of the Cash Transactions of your Faculty for the year ended December 31, 1919, and have found same to be correct. We have also examined the Securities called for by your Office and have found same to be intact and in good order.

Respectfully submitted,

[Signed]

WILLIAM A. GILLESPIE AND COMPANY,

Ceritified Public Accountants.

THE TREASURER'S CORNER.

We desire to express our appreciation for the generous response to our "Do you know" folder.

Remember that we are going to have a 100 per cent subscription. Every member's name is going to appear on the honor list sooner or later.

You may as well subscribe now for the Treasurer is full of pep and everlasting endurance and as an obstetrician is accustomed to extraction.

CHARLES EMIL BRACK.

**SUMMARY OF RESULTS OF EXAMINATION HELD BY THE
BOARD OF MEDICAL EXAMINERS OF MARYLAND,
DECEMBER 9, 10, 11 AND 12, 1919.**

NUMBER	COLLEGE OF GRADUATION									AVERAGE	
		ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS		
1	Hopkins Medical, '17.....	77	93	95	96	89	100	96	98	89	833 92
2	Coll. of P. & S. Balto., '17.....	94	92	95	92	89	94	90	94	88	828 92
3	Hopkins Medical, '14.....	75	95	83	96	90	91	78	89	95	792 88
4	Temple Medical Phila., '17.....	62	61	79	77	76	75	77	66	53	626 69
5	Hopkins Medical, '17.....				94		100				
6	Hopkins Medical.....										
7	Meharry Medical, '16.....	54									
8	University of Md., '17.....	66	92	80	91	76	92	69	58	68	692 77
9	University of Md., '19.....	82	85	75	89	85	80	85	84	91	756 84
10	Hopkins Medical, '17.....	76	91	92	82	88	91	86	84	82	772 86
11	University of Pa., '08.....	92	93	89	87	82	94	87	76	95	795 88
12	University of Md., '18.....	66	91	98	87	90	96	70	96	91	785 87
13	University of Md., '19.....	95	98	91	91	92	100	93	96	94	850 94
14	Hopkins Medical.....	92					100	90			
15	University of Md., '17.....	67	89	59	81	82	67	53	81	67	646 72
16	University of Md.....	94					100	92			
17	Harvard Medical, '15.....	84	95	88	89	86	97	88	84	92	803 89
18	Hopkins Medical, '17.....	86	98	95	90	90	75	82	80	86	782 87
19	Dalhousie Univ. Halifax, '16.....	84	99	95	78	88	93	92	79	88	796 88
20	Hopkins Medical, '18.....	75	92	81	68	82	96	87	70	78	739 82
21	Maryland Medical, '12.....										
22	University of Md.....	85					94	80		94	
23	Hopkins Medical, '18.....	82	95	86	76	80	100	84	77	91	771 86
24	University of Md., '16.....	75	93	92	92	83	84	72	83	97	771 86
25	University of Md., '19.....	75	88	83	84	91	96	70	72	86	745 83
26	University of Md., '19.....	88	94	90	89	89	98	81	86	87	802 89
27	University of Md., '17.....	79	94	82	97	86	94	90	94	96	812 90
28	University of Md., '19.....	79	93	84	98	87	95	96	82	84	798 89
29	University of Md., '19.....	81	86	80	82	87	66	65	84	50	682 75
30	University of Md., '19.....	68	77	90	88	82	95	81	88	75	744 83
31	University of Md., '17.....	60	84	70	92	83	70	77	76	67	673 75
32	Hopkins Medical, '18.....	61	90			86	79				
33	University of Md., '18.....	65	87	76	83	84	81	61	78	68	683 75
34	Hopkins Medical, '17.....	67	89	84	81	82	96	85	76	75	735 82
35	Hopkins Medical, '18.....	86	91	88	87	89	98	80	80	90	789 88
36	Hopkins Medical, '18.....	66	90	83	90	88	90	77	91	90	765 85
37	University of Md., '17.....	80	96	75	78	76	87	90	59	75	716 79
38	Hopkins Medical, '18.....	86	97	90	89	83	96	90	100	83	814 90
39	University of Md.....	83					97	75		87	

NUMBER	COLLEGE OF GRADUATION	ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY	TOTAL	AVERAGE
40	University of Md., '17.....	85	92	90	90	89	97	92	93	92	820	91
41	University of Md., '19.....	73	80	63	85	84	75	68	87	61	676	75
42	Hopkins Medical, '18.....				82			75	76	75		
43	University of Md., '17.....	83	80	82	97	82	75	77	87	89	752	83
44	University of Md., '18.....	89	92	90	88	86	95	91	92	97	810	90
45	University of Md., '17.....	75		75			83	90	96	75		
46	Howard Univ. Wash., '19.....	67	87	65	75	71	75	67	82	68	657	73
47	Hopkins Medical.....	85					98	91		81		
48	Hopkins Medical.....	75					96	96		97		
49	University of Md., '18.....	91		75			94	85	81	75		
50	Hopkins Medical, '19.....	84	91	92	83	80	90	75	82	83	760	84
51	Hopkins Medical, '18.....	82	96	88	92	91	100	79	86	94	808	89
52	Hopkins Medical, '19.....	78	80	85	89	80	92	82	92	89	767	85
53	Hopkins Medical, '18.....	82	95	79	89	87	100	81	92	95	800	89

In the above summary an average of 75 is required of those participating in the examination for the first time in order to secure a license. Those who have failed are eligible to re-examination at the expiration of six months. They are then obliged to receive a rating of 75 in each branch in which they are re-examined before license can be issued. Under the Maryland laws, students who, at the end of their second year, have successfully passed their college examination in Anatomy, Chemistry, Materia Medica and Physiology, are entitled to examination by the Board of Medical Examiners in these branches. The ratings made by these students in the examination known as the "second-year examination" are carried forward and made part of the final examination, when an average of 75 must be obtained to secure a license. We trust that this statement will make clear the apparently incomplete examination of certain participants.

QUESTIONS.

CHEMISTRY.

1. By what means is the decomposition of proteids brought about, and what are the main groups of substances thus formed?
2. How could you prove that the reduction of a urine by Fehling's solution was due to glucose?
3. Albumins and globulins. Occurrence of each, and distinguishing characteristics.
4. What is saponification?
5. What are enzymes? Name the various classes of enzymes.
6. What are the chief constituents of bile?
7. What are the usual findings in stomach contents in normal cases and what may be found in abnormal cases?

8. Into what classes are carbohydrates divided?
9. Compare human milk with cow's milk.
10. Name the principal fatty acids.

DR. HENRY T. COLLENBERG,
Examiner.

Tuesday morning, December 9, 1919.

ANATOMY.

1. Name the bones entering into the skeleton of the upper extremity and describe the lower half of the humerus.
2. Outline, topographically, the following: Heart, gall bladder and top of the diaphragm.
3. Name the chambers and the valves of the heart and state what vessels communicate with each chamber.
4. Describe the middle ear.
5. Define: Anastomosis; collateral circulation; pulmonary, systemic and portal circulations.
6. What nerves are liable to injury in case of the following fractures: Surgical neck of humerus; internal condyle of humerus; middle shaft of humerus; clavicle; upper end of fibula; and state reason for nerve injury in each case.
7. Name the muscles of mastication and give origin, insertion and nerve supply of each.
8. Locate McBurney's point.
9. Locate the imaginary lines dividing the abdominal cavity into regions; name regions, and give contents of upper region on left side.
10. Describe the elbow joint.

DR. HERBERT HARLAN,
Examiner.

Tuesday afternoon, December 9, 1919.

THERAPEUTICS.

1. Write a prescription in Latin for use in bronchitis with abundant secretion; also one for use in bronchitis with scanty and tenacious secretion.
2. Write a prescription in Latin of four ingredients, and state use.
3. Give treatment of exudative stage of acute lobar pneumonia with edema of surrounding pulmonary tissue, sometimes described as "collateral fluxion."
4. Give therapy of iodine: External and internal use.
5. Name four salts of hydrargyrum and uses.
6. State the medicinal and dietetic uses of saccharum.
7. Urotropin—its therapy.
8. Give the medicinal and dietetic uses of fat, with optional comment upon its use as an exclusive and suitable diet in the absence of other sources of "calories"—as illustrated by the fat diet of the Arctic regions.
9. Alcohol not obtainable, name two drugs which quicken and strengthen heart action; and two that retard. Give doses and mode of administration.
10. Transfusion: Explain therapy and duration of effects in pernicious anemia.

DR. J. MCPHERSON SCOTT,
Examiner.

Wednesday morning, December 10, 1919.

MATERIA MEDICA.

1. (a) What are circulatory stimulants? (b) Name some of them and state how they act. (c) How may a drug increase blood pressure? (d) Name some of the drugs that increase blood pressure.
2. (a) State what you know about adrenalin. (b) How used. Doses.
3. (a) What are stomachics? Define them. (b) Name some of them and give dose of each. (c) What are digestants? Name some of them and give dose of each. (d) What are carminatives? Name some and give dose of each.
4. Iodine: Describe it; how obtained; official preparations; doses.
5. (a) Mercury: Preparations; doses and how administered. (b) How are black and yellow wash made?
6. (a) What are antimalarials? (b) How do they exert a curative influence? Name some and give doses. (c) What are anthelmintics? Name some and give doses.
7. (a) Salicylic acid: Describe and give dose. (b) Name three of its salts or compounds in general use, and give dose of each.
8. (a) Glycerine: How obtained; name incompatibles. (b) Pilocarpus: What is the common name; describe it and name most active alkaloid and dose.
9. (a) Write a tonic prescription, containing at least three ingredients, in pill form for an adult, using official names. (b) Write one containing at least three ingredients for cystitis in adult, using official terms.
10. (a) What is meant by chemical incompatibility in prescriptions and what evils may result? (b) Write a prescription illustrating chemical incompatibility. State which ingredients are incompatible.

DR. L. A. GRIFFITH,
Examiner.

Wednesday morning, December 10, 1919.

PHYSIOLOGY.

1. (a) Define cells. (b) State the parts of which all animal cells consist.
2. State what you know of the structure of nerve tissue.
3. (a) Of what is the circulatory system composed? Describe it briefly. (b) What is meant by the cardiac revolution, and how may it be divided?
4. What is respiration? How carried on and the object of it?
5. (a) Define secretion and excretion, and give examples of internal and external secretions. (b) Name the secretions of the alimentary canal.
6. (a) What are the functions of the skin and its appendages? (b) What matters are excreted by the skin? (c) How may the functions of the skin be affected as to the amount of excretion?
7. (a) What is the aim of alimentation? (b) What are the fundamental principles which enter into the chemical composition of the human body?
8. (a) What is animal heat and how maintained? (b) What is the difference between warm and cold blooded animals? (c) What are some of the modifying influences on the temperature in health?
9. Name in order the different divisions of the gastro-intestinal tract, and state functions of each.
10. (a) Describe the spinal cord, giving the average length and mean diameter. (b) Give its functions.

DR. L. A. GRIFFITH,
Examiner.

Wednesday afternoon, December 10, 1919.

PATHOLOGY.

1. Describe inflammation of a mucous surface.
2. Describe the process of regeneration of bone. i.e., repair of a fracture.
3. Discuss cysts.
4. What is "cloudy swelling?"
5. Discuss infarction.
6. What post mortem findings would you expect in a person dead of typhoid fever at the end of the fourth week?
7. Describe the formation of an anal fistula.
8. Describe in a general way the history of vaccination. How does the immunity that vaccination gives against smallpox differ from that secured by the prophylactic injection of antitetanic serum?
9. How may pulmonary tuberculosis be acquired without exposure to either dust or droplet infection?
10. Describe the beef tape worm. What is its proper name, and life cycle?

DR. HENRY M. FITZHUGH,
Examiner.

Thursday morning, December 11, 1919.

PRACTICE.

1. How would you treat a case of suppression of urine due to acute nephritis?
2. How would you treat rachitis? Mention the chief causes of it.
3. Give the blood picture and symptoms of pernicious anemia.
4. Give the symptoms and treatment of diabetes mellitus.
5. Differentiate between broncho-pneumonia and lobar pneumonia.
6. Differentiate between acute endocarditis and acute pericarditis.
7. Give the usual causes, the symptoms and treatment of peripheral facial paralysis (Bell's palsy).
8. Name the causes of lumbar pain.
9. Name the intestinal parasites usually found in children. Give the symptoms and treatment of two of them.
10. Describe vesicular, papular and pustular inflammation of the skin and name a disease of which each is characteristic.

DR. E. E. WOLFF,
Examiner.

Thursday afternoon, December 11, 1919.

SURGERY.

1. Give the differential diagnosis between acute catarrhal conjunctivitis and gonorrhoeal ophthalmia.
2. Give symptoms and treatment of acute catarrhal otitis media.
3. What is a fistula in ano? Name varieties and symptoms. Outline treatment.
4. What are the causes of retention of urine? Give signs and symptoms.
5. Give the differential diagnosis between malignant and non-malignant tumors of the breast. What treatment would you advise in each case?
6. Give symptoms, diagnosis and treatment of intra-capsular fracture of the femur.

7. Name the luxations of the shoulder joint. Give symptoms and treatment of the most common form.
8. Define Potts' disease. Give symptoms and treatment in the dorsal region.
9. What are the varieties of herniae in regard to their condition? (Clinical varieties.) Give symptoms and treatment of a strangulated hernia.
10. What surgical conditions occur in the neck? Give symptoms and diagnosis of the commonest form.

DR. HARRY L. HOMER,
Examiner.

Friday morning, December 12, 1919.

OBSTETRICS AND GYNECOLOGY.

1. Does a scarcity of liquor amnii influence the progress of labor, and if so, how?
2. In a case of suspected gonorrhea in the father or mother, how would you treat both mother and child at the time of confinement?
3. What is craniotomy, how is it performed and under what conditions would you do it?
4. What symptoms are usually seen in the pre-eclamptic period?
5. If you wish to deliver a woman quickly, how do you dilate the cervix?
6. Give treatment for vomiting of pregnancy.
7. Give some of the objections to anesthetics during delivery.
8. How often should a child be nursed during the first six months?
9. How would you secure a specimen of uterine discharge for microscopical examination?
10. How would you pack a uterus to check hemorrhage?

DR. JOHN L. RILEY,
Examiner.

Friday afternoon, December 12, 1919.

SOCIETY NOTICES.

The regular meeting of the Baltimore City Medical Society was held on Friday, February 6, 1920, Dr. Stone presiding. The minutes of the previous meeting were accepted as read.

The first paper was read by Dr. Richard F. Kieffer on "Torsion of the spermatic cord: Report of a case." Discussed by Drs. Coulston and Lynn.

Dr. W. R. Geraghty read a paper on "Osteomyelitis of the symphysis pubis." Discussed by Drs. Ashbury, McGlannan and Geraghty.

"Some interesting empyema cases," by Dr. Alexius McGlannan. Discussed by Drs. Stone, S. G. Davis, R. Winslow and McGlannan.

Dr. S. Griffith Davis closed the program with a paper on "Warm vapor anesthesia," with an exhibit of a simple apparatus. Discussed by Drs. H. W. Buckler, E. A. Knorr, A. McGlannan and S. G. Davis.

The meeting then adjourned.

SUBSCRIBERS TO FACULTY DEBT

PHYSICIANS

UNPAID PLEDGES

Aaronson, Dr. M. W., Baltimore.
 Abercrombie, Dr. Anna T., Baltimore.
 Abercrombie, Dr. John S., Baltimore.
 Adler, Dr. Harry, Baltimore.
 Ashbury, Dr. H. E., Baltimore.
 Baer, Dr. W. S., Baltimore.
 Bordensky, Dr. N. B., Baltimore.
 Brent, Dr. Hugh, Baltimore.
 Buck, Mrs. Jefferies, Baltimore.
 Burnam, Dr. C. F., Baltimore.
 Byrnes, Dr. C. M., Baltimore.
 Carroll Medical Society.
 Casler, Dr. D. B., Baltimore.
 Caspari, Dr. William, Baltimore.
 Chambers, Dr. T. L., Baltimore.
 Clark, Dr. J. C., Sykesville.
 Clift, Dr. J. W. V., Baltimore.
 Clough, Dr. Mildred C., Baltimore.
 Cotton, Dr. Albertus, Baltimore.
 Davis, Dr. H. C., Baltimore.
 Didenhouver, Dr. C. W., Baltimore.
 Dobbin, Dr. G. W., Baltimore.
 Evans, Dr. John, Baltimore.
 Fisher, Dr. Charles T., Baltimore.
 Fisher, Dr. Jacob, Baltimore.
 Fitzhugh, Dr. H. M., Westminster.
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Component Societies of the Faculty, with a list of their officers and times of meeting

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SECTION OF DERMATOLOGY. Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PEIS, M.D.

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SECTION OF LARYNGOLOGY. Fourth Fridays monthly, 8.30 P.M. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.

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SECTION OF NEUROLOGY. Second Friday, monthly. Chairman, C. M. BYRNES, M.D.; Secretary, D. D. V. STUART, M.D.

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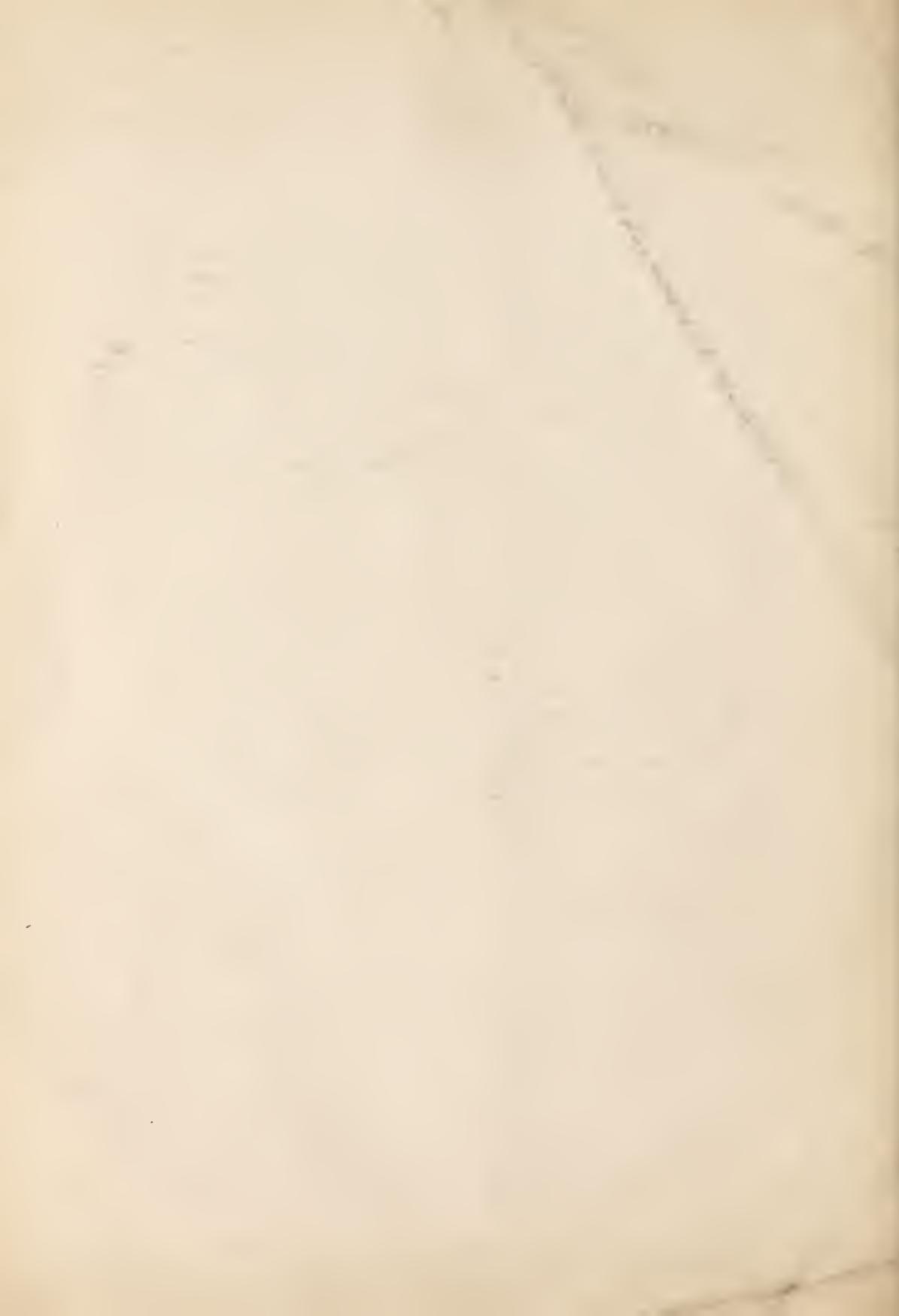
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VOL. XII

APRIL, 1920

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STATE PRACTICE ACT

State Board of Medical Examiners.—Herbert Harlan, J. McP., Scott, Harry L. Homer, J. L. Riley, H. M. Fitzhugh L. A. Griffith, E. E. Wolff, H. T. Collenberg.

Regular Meetings of the Board of Medical Examiners of Maryland.—Fourth Tuesday in April; first Tuesday in June; first Wednesday in October; first Wednesday in December,

Regular Examinations.—Examinations are held in Baltimore. Third Tuesday in June for four consecutive days. Second Tuesday in December for four consecutive days.

Maryland is in reciprocal relationship with the following States: Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, Ohio, Oklahoma, S. Carolina, Texas, Vermont, Virginia, W. Virginia and Wisconsin, subject to requirements and fees imposed by the respective States.

Information connected with Medical Examinations and licensure by addressing Secretary, J. McP. Scott, Hagerstown, Md.

THE BULLETIN
OF THE
**MEDICAL AND CHIRURGICAL FACULTY
OF MARYLAND**

CONTROLLED BY THE COUNCIL AND EDITED BY A COUNCILLOR,
DR. HARVEY B. STONE

PUBLISHED MONTHLY EXCEPT JUNE, JULY, AUGUST AND SEPTEMBER

VOL. XII

BALTIMORE, APRIL, 1920

No. 7

SOCIAL AND ECONOMIC FUNCTIONS OF MEDICAL
SOCIETIES.

Perhaps medical organizations, in the first place, were more concerned with the human interests of their members than they have been of late. The profound change that transformed all things medical in the last thirty years—medical science, medical practice, medical education—has been reflected in the character and purpose of our societies and meetings. Programs carry less of broad philosophic and general interest, and greatly more of exact, specialized, highly technical interest. No one can say that this is not a step forward. Much of the older type of medical literature was stronger in style and appeal of presentation than in scientific or practical value. Many new organizations and periodicals have been developed for the advancement of highly specialized fields of medical science. All of this is valuable and proper. But it does not follow that the activities of general societies should be limited to the purely professional field. Let us not forget that the physician is also a man; that like other men he has his problems of living and his interests in life that transcend the limits of his professional work; and also like other men he gets help and support in these matters from contact with his fellows.

There are many matters that might receive consideration from such a viewpoint: The more general use of society rooms for informal gatherings, as club-rooms. The association of effort for public health matters. The formation of coöperative buying groups to combat the cost of living by wholesale purchasing of staples. The organization of medical sight seeing trips for doctors and their families to other cities and states. The proper adjustment of medical charges and fees. These are but a few of the interests that suggest themselves when thinking of the social and economic possibilities of our societies.

THE DEVELOPMENT OF THE MEDICAL DEPARTMENT IN THE AMERICAN EXPEDITIONARY FORCES.

BY MAJOR-GENERAL M. W. IRELAND

Surgeon-General, United States Army.

When Colonel Welsh asked me to come here he assured me that I was just expected to make a few remarks. It is always the greatest pleasure to me to meet medical men and it is a very great pleasure to meet them at this time when we can talk over the accomplishments of the profession during the last two years.

We all know and are proud of the splendid way our country met the call to war and of the accomplishments of every part of the nation during the war. But however we may feel on this point I am sure there is no part of the nation which has met its obligations in the preeminent way the medical profession of the country met theirs.

Those of the profession who understood the obligations which rested upon us were not so optimistic that we could obtain the number of medical officers necessary to carry on a great war, for it takes about 10,000 doctors to care for every million men placed in the field. This number seems appalling at first consideration, but it was met in a perfectly splendid manner.

It is my understanding that we have about 150,000 doctors in the United States. Many of these men were not practicing their profession and many others have advanced in years so that they were not available for military service. The middle of last November more than 30,000 doctors had been commissioned in the Medical Department of the Army and were in active service; and it was voluntary service. Very few of our officers waited until they were caught by the draft; the number was negligible. In giving the numbers above I do not take into consideration the hundreds of doctors who assisted the Provost Marshal in executing the draft law and doing other essential work necessary to carry on the war. The spirit of the medical officers who came into the service was splendid; nothing could have been finer.

No nation demands the care for its soldiers which the United States requires. No soldier was ever cared for and protected against disease as the American soldier was cared for and protected during this war. We have had 96,000 deaths since the beginning of the war; 47,000 have been from battle casualties and injuries and 49,000 from disease, but of the latter number 40,000 have been from pneumonia. In other words in this vast Army in the United States and in France since April, 1917, we have had but 9000 deaths from disease alone, outside of pneumonia.

We have made wonderful progress in protecting our soldiers against all diseases except the respiratory diseases.

We are making a great effort to complete the medical and surgical history of this fine piece of work. When it is written it will add a bright page to our proud traditions.

But I was to tell something of the development of the Medical Department in the A. E. F. and it has struck me that a story of the development of our hospitals there would be of interest. I was fortunate enough to go to France with General Pershing. We landed there in June, 1917.

To understand the difficulties we were to encounter it must be remembered that France had been in war for practically three years and her resources in man-power and material were thoroughly exhausted. We began with absolutely nothing and finished our hospital development in November, 1918, just eighteen months later, with thousands of beds distributed in different parts of France. The development of our hospitals was one of the most interesting pieces of work in the Chief Surgeon's Office.

It was estimated that we should prepare beds in France for 15 per cent of the command, thus we should have 150,000 beds for every million men sent there. We never reached these proportions but we did keep sufficient beds available to meet our wants.

There were three ways in which we could obtain hospitals: By occupying those which the French Medical Service might give us; by altering schools, hotels and other public buildings so that they were suitable for hospital purposes; and by constructing new hospitals. The war came on the French so suddenly that they were compelled to occupy many of the buildings throughout the country as hospitals and it had been a tremendous effort for them to supply the thousands of beds required to take care of their sick and wounded. In spite of the efforts they had made to meet their hospital problem the generosity they exhibited in assisting us was most commendable. They met our needs in this direction just as far as it was possible for them to do so and the gifts they made us outright amounted to many thousands of beds. They also assisted us in locating buildings in different parts of France which could be used for hospitals. It is remarkable how many buildings in a country may be converted into hospitals with but comparatively few modifications.

France is noted for the number of private schools which are maintained throughout the State. Nearly all of these school buildings lend themselves to hospital purposes. France is also noted for its watering places and health resorts. We were able to obtain many hotels in these places to convert into hospitals. For instance we secured 10,000 beds in the hotels at the well known watering places of Vittel and Contrexeville, and we had many thousand beds in Vichy and the vicinity.

We met our greatest difficulty in constructing hospitals. Lumber was extremely scarce and the French had apparently reached their capacity in producing lumber from their forests. It was not until our engineers had transported to France and erected in the pine forests there many saw mills that we were able to secure the necessary lumber for the construction of hospitals.

Let it be understood that the hospitals constructed out of green pine lumber are not the well ordered hospitals which we are accustomed to see in this country. They did, however, furnish protection for the sick and enabled our doctors, nurses and orderlies to give them the best of hospital care.

The hospitalization in France was on a tremendous scale. We look upon a hospital of 1000 beds in this country as very large but in many places in France we started the construction of 10,000, 20,000 and 40,000 bed hospital centers. True enough we did not complete any of the 40,000 bed centers but at Mesves, for instance, 25,000 beds were prepared and when the fighting ceased more than 21,000 patients were being cared for there.

The success we had in meeting the hospital situation is well illustrated by the fact that when we went into the St. Mihiel offensive early in September, 1918, the Medical Department had at its disposal 100,000 vacant beds. When we went into the Argonne offensive the latter part of September we still had at our disposal 90,000 beds and on the 14th of November, three days after the Armistice was signed, we had 192,000 patients in hospital and 236,000 beds at our disposal. In other words, in spite of many obstacles, the Medical Department had succeeded in keeping ahead of the demands made upon it for hospital accommodations.

To illustrate the scale on which hospitalization was proceeding, even in this short war, a comparison might very justly be made with conditions at the end of the Civil War. We thought the Civil War was a tremendous undertaking, and it was at that time in the history of our country. But on the 31st of December, 1864, the Surgeon-General had at his disposal 118,000 beds and only 83,000 of these beds were occupied. When the Armistice was signed the Medical Department had in the United States and in France 356,000 beds. If the war had continued for another six months it is very easy to imagine that we would have had at least half million beds to care for our sick and wounded.

And now the war is over, or at least we sincerely trust it is. But the work of the Medical Department is not completed, for the doctor must be the first on the field and must remain until the last to see that all the sick and wounded are cared for. We still have 50,500 patients in our hospitals in the United States and 53,500 patients in our hospitals in France. Our sick have been returned to us from France very rapidly

and they have been passed through our hospitals and discharged as quickly as everything which medical science could do for them had been done.

I realize the rest of the Army is being demobilized very rapidly and this naturally creates a feeling of uneasiness in the Medical Department personnel, but the medical profession must continue its work and do everything possible for the sick and wounded who will be with us for a considerable length of time.

This is a real sacrifice which we can make for the men who were willing to do so much for us. I urge upon everyone to keep this matter before the profession and to encourage the personnel which we still have and must retain for a reasonable length of time to remain with us until our work is done.

THE CHILD AND THE STATE.

BY HENRY L. K. SHAW, M.D.

Director, Division of Child Hygiene, New York State Department of Health.

War has enhanced the value of child life and the great potential loss of a high infant mortality is now more clearly recognized. A slumbering people has been aroused to a realization of the national responsibility and necessity for child welfare work.

Our hearts and our pocketbooks were opened by the pathetic appeals of helpless suffering children in Europe. We sent skilled specialists and experienced child welfare nurses to relieve the suffering among children in the war stricken and devastated regions of France and Belgium. They were the means of saving and reclaiming thousands of babies and young children and they touched the hearts of the French people and won merited praise from the French Government. This we should have done, but we should not leave the work in this country undone.

As we enter upon an era of reconstruction after these awful years of destruction this nation can not afford to neglect the welfare of its children. Holt called attention to the fact that no resources of the state need so much to be conserved as do its children. A nation may waste its forests, its water power, its mines and even its land, but if it is to hold its own in its struggle for supremacy its children must be conserved at any cost.

A child should have the right to intelligent consideration before he is born, to be born well and to be kept well. To insure this is the purpose of all child welfare work. The future of this or any nation depends on the physical and intellectual strength of the children of today. Cicero recognized this principle when he said that the very foundation of the whole Commonwealth lies in the proper bringing up of the young. Sir George Newman a few years ago claimed that the state should give to

all children whether normal or defective, whether rich or poor, a sound and liberal education both of body and mind. He proposes as minimum standards to produce in the individual child the results the state requires, the following:

1. That every child shall come periodically under direct medical and dental supervision, and if found defective shall be "followed up."
2. That every child found mal-nourished shall, somehow or other, be nourished, and every child found verminous, shall somehow or other, be cleansed.
3. That for every sick, diseased or defective child skilled medical treatment shall be made available.
4. That every child shall be educated in a well-ventilated schoolroom or classroom, or in some form of open air schoolroom or classroom.
5. That every child shall have daily, organized physical exercise of appropriate character.
6. That no child of school age shall be employed for profit except under approved conditions.
7. That the school environment and the means of education shall be such as can in no case exert unfavorable or injurious influences upon the health, growth and development of the child.

This same general thought was expressed in a recent address by Dr. Finegan, Acting Commissioner of Education for New York State:

The democracy that is to endure will not only train the minds and the hands of its future citizens; it will look to the condition of their bodies. Again I voice a platitude which must become a practice if we are to prove ourselves worthy of leadership among the nations of the earth. We have shamefully disregarded the physical well-being of our children.

It is as vitally important to teach boys and girls how to take care of their bodies, the essentials of a well-regulated diet, the value of recreation and play, of sunshine and pure air, of rest and sleep, and the relation of these things to the training of the mind and the hand, to the development of character and to the preservation of life itself, as it is to teach them to read and write. The health of a nation, we have lately discovered, is of vital concern in its striking power.

Health instruction should be given in every schoolroom with the same regularity and definiteness that instruction is given in English or any other subject.

This, bear in mind, is the opinion of a layman, not of a physician.

In Europe the declining birth rate is a matter of national concern and it had fallen so rapidly in some countries even before the war as to threaten the political position of the nation.

In our own country there is a gradual decline in the birth rate which is not accidental or temporary. Babies are becoming scarcer, and the small family system seems to be in vogue. Mr. Wells in his recent novel *Joan and Peter* makes an interesting comment on this subject:

The end of the nineteenth century was a happy and beautiful time for the bodies of the children of the more prosperous classes. Children had become precious. Among such people as the Stublands one never heard of such a thing as the death of a child; all their children lived and grew up. It was a point upon which Arthur had never tired of insisting. Whenever he had felt bored and wanting a brief holiday he had been accustomed to go off with a knapsack to study church architecture, and he had never failed to note the lists of children on the monuments. "There you are again," he would say. "Look at that one: 'and of Susan his wife by whom he had issue eleven children of whom three survived him.' That's the universal story of a woman's life in the sixteenth and seventeenth century. Nowadays it would read, 'by whom he had issue three children who all survived him.' And you see here, "she died first, worn out, and he married again." And here are five more children, and three die in infancy and childhood. There was a frightful boom in dying in those days; dying was a career in itself for two-thirds of the children born. They made an art of early death. They were trained to die in an edifying manner. Parents wrote books about their little lost saints. Instead of rearing them.

A glance at the infant mortality statistics of any city, state or civilized country for the past fifteen years will show a marked decrease in the rate, which means that countless lives have been saved and sickness prevented. Take for example New York City, in 1902 the infant death rate was 168 per 1000 living births; in 1911 it was 120 per 1000 living births; in 1913 it was 102, and in 1918 it fell to 92 per 1000 births in spite of the fact that there was an increase in the death rate for all ages due to the influenza epidemic.

These results can not be attributed to any one cause, but must be due to some influence or influences not in operation before 1900. Dr. Holt makes the pertinent inquiry:

Does God fix the death rate? Once men were taught so, and death was regarded as an act of Divine Providence, often inscrutable. We are now coming to look upon a high infant death rate as evidence of human weakness, ignorance and cupidity. We believe that Providence works through human agencies and that in this field, as in others, we reap what we sow—no more and no less.

The three most frequent causes of death in the first year of life are those due to congenital conditions, diarrhoeal diseases and respiratory disorders. Over 40 per cent of these deaths occur in the first month of life and are directly or indirectly the result of causes affecting the child before and during its birth. The success of pre-natal clinics and care has demonstrated that at least one-third of these deaths are preventable. This work is largely educational and the mother is instructed how to prepare for the coming event, proper obstetrical facilities are provided and her health is closely supervised.

Diarrhoeal diseases used to reap a grim harvest every summer, but like diphtheria are now no longer dreaded, for we know their cause and prevention. An outbreak of diarrhoeal disease in any community should

brand it with the same stigma as is now attached to an outbreak of typhoid fever. The number of deaths from diarrhoeal diseases in New York City have been reduced from 6360 to 3735 in the past ten years, a proof that this class of diseases is preventable. This great decrease, which is not confined to any one locality, is largely the result of educational propaganda. Today there are few mothers who do not know that diarrhoea is the result of improper food and feeding and of unclean and unpasteurized milk, and that it is cured by prompt elimination of the toxic products with a short abstinence from food.

The third group consists of deaths due to diseases of the respiratory system. The common house cold with its long train of fatal complications makes us look with greater dread on this "winter complaint" than on the "summer complaint." Here again education is our greatest weapon of defense. Teach the mother the danger of the common cold, of exposing her child to infection, the importance of caring for and treating slight head colds and coughs, and the mortality from these causes will surely fall.

Ignorance is undoubtedly the chief factor in the problem of infant mortality, and the only solution is by education. Experience has taught us that babies die, not because they do not get enough food but because they are fed too often or too much; that they die, not because they are exposed to cold air but because they do not have enough fresh air and are kept indoors in overheated rooms; that they die, not because they have not enough clothes but because they have too many. They do not die because they are unloved and uncared for, but because they receive too much misplaced attention. In other words, babies will survive poverty and bad sanitation, but they can not survive ignorant motherhood.

The most effective means of combating this ignorance is by means of what are now known as Child Welfare Stations. These developed from the Infants' Milk Depots. The suggestive term "School for Mothers" is applied to similar efforts in England. In France they are known as "Infant Consultations." The work of these centers is preventive and the aim is to educate, and not to treat disease. They are *well-fare* centers for well babies, and the object is to keep them well. They supply very little milk but a great deal of advice. The main functions of a child welfare station may be outlined briefly as follows:

To advise and instruct mothers in the care and feeding of babies.

To encourage and prolong breast feeding.

When artificial feeding is necessary, to see that clean pasteurized milk is provided, to prescribe suitable mixtures and to insure the proper preparation of the food by the mothers in their own homes.

To teach mothers the way to prevent many of the diseases of childhood due to exposure and errors in diet.

To assist in the care, instruction and preparation of the expectant mother.

To care for children in the pre-school age and to supervise their homes and surroundings.

To maintain a place where mothers will come with their troubles and receive sympathetic and intelligent advice.

In looking over mortality statistics of the pre-school and school age I was astonished with the number of deaths from "accidents." Mr. Eastman of the Division of Vital Statistics prepared a chart showing the chief causes of death by ages. At two years accidents rank third in the list of causes; at three years, second, and from the fourth to fourteenth years they occupy the first place. Taking an average of three years, the causes of the accidents can be grouped as follows:

Out of an annual average of 2224 accidents twice as many occur among boys—or 1435 in boys and 789 in girls. The most frequent single cause is burns and these are divided about equally between the sexes. There were 500 deaths from railroad, street car and automobile accidents, of which 355 were in boys and 145 in girls. Six times as many boys were drowned as girls, while the deaths from poisons were equally divided between the boys and girls. One hundred and forty-five boys were killed by trauma from firearms, cutting instruments, etc., while only 76 girls suffered death from these causes.

A large proportion of accidents are due to carelessness, not alone on the part of the immature and often irresponsible child, but of the parents and the community. Here again we find an important group of fatalities which are largely preventable and the responsibility to a large degree rests on the community or state.

A new branch of pediatrics has been evolved in the past twenty years—one concerned with the study of the child in health and with the prevention of sickness. The older branch devoted to the detection, study and treatment of disease in children, occupies the entire attention and minds of most of our specialists. The two branches are of course complementary, but we should not attach an exaggerated importance to the symptoms of disease. To cure is splendid, but to prevent is Godlike. Let us direct our chief energies to the prevention and early recognition of minor ailments and defects before they have assumed serious proportion and while they are still amenable to treatment.

The medical profession has not realized the opportunities for service and the fulfillment of its highest ideas in directing and assisting social welfare and educational work. By our indifference we have allowed the non-medical social worker to grasp a great opportunity and gather all the credit.

Let me briefly enumerate by way of illustration some of the functions of social preventive pediatrics.

Prenatal work in its various phases, prenatal clinics, etc.

Prevention of infant mortality including child welfare stations, day nurseries, Little Mothers' Leagues.

Medical School inspection and health supervision of the child of pre-school age. Every child should receive a careful physical examination with individual attention to each defective or ailing child. Provision for fresh air, physical exercises and healthy school environment.

The problem of the poorly nourished child, establishment of nutrition classes, school lunches, etc.

The prevention of tuberculosis in children. Open air schools, preventoriums, and resident sanitaria.

The prevention of dental caries. Hygiene of the mouth, suitable dietaries, dental clinics, etc.

The care and education of the crippled child.

The backward and mentally defective child.

The child in industry.

New York State was the first in the United States to have a special division in the department of health devoted solely to child welfare work. It is significant of the spirit of the times that nine other states have followed the example set by New York State. The rôle maintained by this Division is of necessity mainly advisory. The plan followed has been to study local conditions in various parts of the state, to arouse enthusiasm in child welfare work, to emphasize the great need of reducing infant mortality and to suggest adequate means for its prevention. The establishment of child welfare stations with trained child welfare nurses where the infant mortality was high was the first step. To arouse the necessary interest three child welfare exhibits were prepared, each exhibit with a manager, trained nurse and mechanic. Motion pictures and stereopticon slides were a part of the equipment. The general plan was to have an advance publicity agent visit each locality scheduled for an exhibit and call a meeting of all interested in child welfare work, organize local committees and arrange for newspaper publicity and advertising. During the exhibit week a series of meetings were held, the mayor presiding at the first meeting and the subsequent ones put in charge of the Women's Club, Federation of Labor or some other local organization.

These exhibits have visited over two hundred localities in the state since the establishment of the Division of Child Hygiene. In the summer months the exhibits are sent to the county fairs and attract a large number of farmers and their families. In the past five years about one hundred and fifty fairs have been visited where it is estimated that over three million people viewed the exhibits.

The preparation and distribution of child welfare literature has proved one of the most important and valuable phases of the work. A small booklet entitled "Your Baby—How to Keep it Well" was prepared and is sent to each mother in the state with a letter of congratulation and information, as soon as her baby's birth is reported. About 100,000 books are distributed in this way annually and nearly the same number are given out by the nurses at the exhibits. This is published in both English and Italian. Last year a pamphlet on Prenatal Care was prepared and is sent with a letter from the Commissioner of Health to each bride on receipt of the certificate of marriage.

Closely related with the work of the Division has been the rudimentary training of young girls in the first principles of baby care and feeding. The plan of organization and instruction outlined by Dr. S. Josephine Baker a few years ago under the name "Little Mothers' Leagues" has been followed and introduced in the public and parochial schools throughout the state. There are over two hundred leagues in operation, with a membership of over 25,000 girls.

The main activities of the Division of Child Hygiene can be summed up as follows: The establishment of child welfare stations; appointment of public health nurses; organization of local agencies to further the work of child hygiene; educational work in the interests of the child, including instruction in prenatal and post-natal care; obtaining provision for sick babies at hospitals; supervision of day nurseries; improvement of birth registration; newspaper publicity on child welfare and creating a demand for better milk, and pasteurized milk.

The results of this state-wide child welfare work can hardly be measured in words or by statistics. In 1913, the year before the establishment of the Division of Child Hygiene, the infant mortality rate for the state was 120 per 1000 living births, while in 1918 this figure was reduced to 97 per 1000 living births, which we might state as a matter of interest, is the same as that of England and Wales for the same period. While there were only 12 localities where infant welfare stations were in operation there are now 67 and the number of stations themselves have increased from 32 to 116.

New York State may well be proud of the record already established, but there remains much to be accomplished, for the surface has scarcely been scratched. It has been clearly demonstrated, however, that child welfare work pays big dividends both in health and happiness and that the state can not afford to neglect and ignore its potential citizen.

Dr. Josephine Baker, whose large experience and intimate knowledge of child welfare work entitles her to a hearing, has outlined a broad vision on reconstruction and the child. She would have in each state a department of child welfare of equal importance with other state departments.

The organization would consist of a Commissioner, with the work subdivided into several bureaus. For instance,

1. A Bureau of Child Caring Institutions, which would supervise orphan asylums, day nurseries, boarded out babies, widows, pensions, etc.
2. A Bureau of Mental Hygiene, which would have charge of all matters pertaining to mentally defective children.
3. A Bureau of Delinquency. Here the relation of crime to health would be studied and the prevention of crime in children, as well as supervision of the Children's Courts.
4. A Bureau of Recreation, which would supervise playgrounds, physical training and play.
5. A Bureau of Child Labor—the supervision of the child in industries belongs to the Department of Child Welfare. Child labor laws should be carried out from the point of view of the child, not from the point of view of labor.
6. A Bureau of Child Hygiene. This would be responsible for the health and care of children from the prenatal period to adolescence. Its activities would include control of midwives, prenatal care, prevention of infant mortality, child welfare stations, health supervision of the child of pre-school age, medical inspection and examination of school children, etc.
7. A Bureau of Child Legislation. This would prepare a children's code which would consist of all essential legislation to protect the child from the prenatal period to adolescence.

This is not a mere visionary ideal, but is a practical possibility. Such a department would insure a square deal to every child and the state would profit for the next generation, would be healthier and stronger and better fitted to carry on the work we must leave behind.

TREASURER'S CORNER.

We are making good progress with our special fund, but are still far from our 100 per cent subscription.

The book-stacks are about to be installed and a prompt response from our delinquent members will be greatly appreciated. At the same time encourage a receptive mood for the increase of dues.

We have been very fortunate that by the greatest economy we have been able to meet expenses in the past.

A general increase in salaries and wages and many necessary improvements in the building will make an increased revenue, which can only be obtained from increased dues, a necessity.

CHARLES EMIL BRACK,
Treasurer.

MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

NOTE.—*Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies*

BALTIMORE CITY MEDICAL SOCIETY. President, HARVEY B. STONE, Vice-President, E. A. LOOPER; Secretary, FRANCIS S. LYNN; Treasurer, CHAS. EMIL BRACK; Censors, J. M. HUNDLEY, GUY L. HUNTER, R. WINSLOW; Delegates, E. NOVAK, F. R. SMITH, N. E. B. IGLEHART, H. JONES, E. H. HUTCHINS, E. R. OWINGS, W. A. FISHER, S. MCLEARLY, L. HAMMAN, G. W. MITCHELL, H. E. PETERMAN, SECTION OF CLINICAL MEDICINE AND SURGERY. First and Third Fridays, 8.30 P.M., October to May. Chairman, J. STAIGE DAVIS, M.D.; Secretary, E. B. FREEMAN, M.D. SECTION OF DERMATOLOGY. Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PELS, M.D.

SECTION OF GYNECOLOGY AND OBSTETRICS. Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNGOLOGY. Fourth Fridays monthly, 8.30 P.M. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.

SECTION OF MEDICAL EXAMINERS. Third Fridays in November and March. Chairman, J. D. IGLEHART, M.D.; Secretary, W. E. MAGRUDER, M.D.

SECTION OF NEUROLOGY. Second Friday, monthly. Chairman, C. M. BYRNES, M.D.; Secretary, D. D. V. STUART, M.D.

SECTION OF OPHTHALMOLOGY AND OTOLGY. Third Wednesdays. Chairman, E. A. KNORR, JR., Secretary, E. A. LOOPER.

ALLEGANY COUNTY MEDICAL SOCIETY. President, G. O. SHARRETT, Cumberland; Secretary, H. V. Deming; Treasurer, F. G. COWHERD, Cumberland, Md.; Delegate, A. H. HAWKINS. Second Wednesdays of January, April, July and October; annual meeting in January.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY. President, J. O. PURVIS, Annapolis, Md.; Secretary, F. E. WEITZMAN, Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, L. B. HENKEL. Second Tuesday of January, April, July and October.

BALTIMORE COUNTY MEDICAL SOCIETY. President, J. W. HARRISON, Middle River, Md.; Secretary-Treasurer, G. S. M. KIEFFER, Morrell Park, Md.; Delegates, H. L. NAYLOR, J. S. BOWEN, Mt. Washington, Md. Third Wednesdays, at 2 P.M.

CALVERT COUNTY MEDICAL SOCIETY. President, W. H. MARSH, Solomon's, Md.; Secretary-Treasurer, J. W. LEITCH, Huntingtown, Md.; Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.

CAROLINE COUNTY MEDICAL SOCIETY. President, S. S. STONE, Ridgely, Md.; Secretary-Treasurer, J. R. DOWNES, Preston, Md.; Delegate, J. C. MADARA, Ridgely, Md.

CARROLL COUNTY MEDICAL SOCIETY. President, D. B. SPRECHER, Sykesville, Md.; Secretary-Treasurer, H. M. FITZHUGH, Westminster, Md.; Delegate, M. D. NORRIS. April, July, October, December; annual meeting in October.

CECIL COUNTY MEDICAL SOCIETY. President, V. H. McKNIGHT, North East, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, G. H. RICHARDS. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.

CHARLES COUNTY MEDICAL SOCIETY. No active organization.

DORCHESTER COUNTY MEDICAL SOCIETY. President, F. H. Nichols, E. Newmarket, Md.; Secretary-Treasurer, E. E. WOLFF, Cambridge, Md.; Delegate, JOHN MACE, Cambridge Md. Meetings first Tuesday in June and December.

FREDERICK COUNTY MEDICAL SOCIETY. President, H. P. FAHRNEY, Frederick, Md.; Secretary, J. M. GOODMAN, Frederick, Md.; Treasurer, E. L. BOWLUS, Middletown, Md.; Delegate, I. J. McCURDY. January, April, August and November.

HARFORD COUNTY MEDICAL SOCIETY. President, P. F. SAPPINGTON, Belair, Md.; Secretary-Treasurer, DR. CHARLES BAGLEY, Bagley, Md.; Delegate, W. S. ARCHER, Second Wednesdays in January, March, May, July, September and November.

HOWARD COUNTY MEDICAL SOCIETY. President, F. E. SHIPLEY, Savage, Md.; Secretary-Treasurer, W. C. STONE, Ellicott City, Md.; Delegate, W. R. WHITE, Meetings (quarterly) first Tuesdays in January, April, July and October.

KENT COUNTY MEDICAL SOCIETY. President, H. G. SIMPERS, Chestertown, Md.; Secretary-Treasurer, F. B. HINES, Chestertown, Md.; Delegate, F. B. HINES.

MONTGOMERY COUNTY MEDICAL SOCIETY. President, E. W. WHITE, Poolesville, Md.; Secretary-Treasurer, J. W. BIRD, Sandy Spring, Md.; Delegate, J. E. DEETS. Third Tuesdays in January, April, July and October.

PRINCE GEORGE'S COUNTY MEDICAL SOCIETY. President H. B. McDONNELL, College Park, Md.; Secretary, R. A. BENNETT, Riverdale, Md.; Treasurer, W. ALLEN GRIFITH, Berwyn, Md.; Delegate, H. B. McDONNELL. Second Saturday of January, April, July, October.

QUEEN ANNE'S COUNTY MEDICAL SOCIETY. President, W. W. BOWEN, Price, Md.; Secretary-Treasurer, H. F. MCPHERSON, Centerville, Md.; Delegate, W. H. FISHER. ST. MARY'S COUNTY. No active organization.

SOMERSET COUNTY MEDICAL SOCIETY. President, G. C. COULBOURNE, Marion Station, Md.; Secretary-Treasurer, H. M. LANKFORD, Princess Anne, Md.; Delegate, G. T. ATKINSON, First Tuesday in April at Crisfield; first Tuesday in October at Princess Anne.

TALBOT COUNTY MEDICAL SOCIETY. President, J. H. HOPE, St. Michael's, Md.; Secretary-Treasurer, J. A. ROSS, Trappe, Md.; Delegate, P. L. TRAVERS. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

WASHINGTON COUNTY MEDICAL SOCIETY. President, J. W. HUMRICHOUSE, Hagerstown, Md.; Secretary, W. D. CAMPBELL, Hagerstown, Md.; Treasurer, J. E. PITSONGLE, Hagerstown, Md.; Delegate, VICTOR D. MILLER, Second Thursday.

WICOMICO COUNTY MEDICAL SOCIETY. President, J. M. ELDERDICE, Mardella Springs; Secretary and Treasurer, S. N. PILCHARD, Salisbury, Md.; Delegate, G. W. TODD.

WORCESTER COUNTY MEDICAL SOCIETY. President, PAUL JONES, Snow Hill, Md.; Secretary and Treasurer, R. LEE HALL, Pocomoke City, Md., Delegate, PAUL JONES, Snow Hill, Md.

DIRECTORY NUMBER

THE BULLETIN

OF THE

Medical and Chirurgical
Faculty of Maryland



OWNED AND PUBLISHED BY THE ABOVE-NAMED STATE MEDICAL SOCIETY
SOLELY IN THE INTEREST OF THE MEDICAL PROFESSION

1211 CATHEDRAL ST., BALTIMORE, MD., 25c. PER ANNUM

VOL. XII

MAY, 1920

No. 8

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ESTABLISHED 1837

THE BULLETIN OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

CONTROLLED BY THE COUNCIL AND EDITED BY A COUNCILLOR,
DR. HARVEY B. STONE

PUBLISHED MONTHLY EXCEPT JUNE, JULY, AUGUST AND SEPTEMBER

VOL. XII

BALTIMORE, MAY, 1920

No. 8

NEED FOR MORE COUNTRY DOCTORS.

The daily press of Baltimore has been concerned with the need of certain rural communities in Maryland of more accessible medical service. Conversation with doctors from adjacent parts of the country confirms the existence of this situation. The fact seems clear.

The cause? It may be learned in Cassius' speech in which he asserts the similarity between Julius Caesar and common mortals. Or, to paraphrase a suffragist slogan, it may be said that doctors also are people. For some years the flow of people has been to the cities. Economists and statesmen declaim against this current, but it continues to flow. A topical song of years ago, after professing love for the cows and chickens, concludes that a metropolitan existence "is the life for me." As long as the great mass of mankind responds to a given impulse, it may be expected that doctors will behave in much the same manner.

What is the remedy? It would be fair to give this query a number in the foolish question column of the funny page. It should not be necessary to state to a medical audience that there is not a ticketed remedy for every disorder, despite the firmness with which the untrained mind clings to this ancient and general conviction. The only way to make a horse drink after you have led him to water is to pick out a thirsty horse in the first place. The remedy for the scarcity of rural practitioners is to find more men who will be happy and satisfied in country practice. Any other scheme, while perhaps acting as a temporary aid to a difficult situation, is foredoomed to fail.

THE TREASURER'S CORNER

Do you know that I can go to George and raise the balance needed for the book stacks at once. But George has contributed all the time and every time and encored several times. I would be ashamed to ask George again.

It is now up to John and it is of John I am asking to do his bit.

When I proposed to the Council that I would collect this fund to prevent another debt being placed upon the Faculty one of the councillors intimated that I was an optimist. I suggested that it was very easy to collect this money; it would only be necessary to thoroughly inform our members of the need of the stacks and of the fund.

I am now convinced that it takes more than an optimist; it needs a conjurer.

When Mr. Thurston, the magician, again comes to town I am going to send each delinquent a free ticket and when I have them all in the theater the doors will be closed and Mr. Thurston will do the work. But even Mr. Thurston cannot overcome three knots in a handkerchief or four safety pins in the middle of the afternoon. Did you ever hear of the term "hard-boiled" of "solid concrete"? I am told that it is recorded in the archives that in 1887 or '88 one of them spent ten cents at a strawberry-festival.

If Thurston fails there is one last resort—Ex-Governor Goldsborough.

After listening to the governor's money-getting speeches you feel like the Jackdaw of Rheims after excommunication and are ready to subscribe to anything even a cemetery for eats. The effect is lasting too. One man told me that forever after if anyone held out a hand to him he would almost dislocate his shoulder to put his hand in his pocket and pull out money.

And the worst is yet to come. After we get this stack money we will raise the dues. Oih! Oih! Gewalt! Gewalt! as Abe Kabibble would say or as the philosophical Chinaman says "Can happen."

The interlocutor says to the end man "I hear that your friend Miss Jackson is going to marry a struggling young man." "No, sah, she's done got him; he's done quit strugglin."

This campaign reminds me of an old darkie who on a hot summer day was driving a forlorn looking mule, all of whose good and bad points were thoroughly exposed, along a dusty sandy road through a discouraging bit of landscape. Trudging along he meets a pedestrian. "Whoa dar Eefrem! Mister how far am it to M'nassa." "Let me see two, four, thiree, oh! about twelve miles." "Thankye sir! Gidap." After driving the creaking cart along for a half hour or more he meets another traveller.

"Whoa Eefrem! Boss, how far from here to M'nassa." "Well, about twelve miles." "Thank ye! G'long." After three-quarters of an hour he meets another traveller and he again pulls up. "Whoa Eefrem! Mister, how far to M'nassa." "I should judge just about twelve miles." "Thanks! G'long Eefrem, I guess you's just 'bout holdin yer own." But eventually the darkie arrived in Manassas.

Verbum Sat.

CHAS. EMIL BRACK,
Treasurer.

N. B.:—The treasurer is personally responsible for this corner.

SOCIETY NOTICES.

BALTIMORE CITY MEDICAL SOCIETY.

The regular meeting of the Baltimore City Medical Society was held on March 19, 1920, at 8.30 P. M., Dr. Harvey B. Stone presiding. The minutes of the previous meeting were read and accepted.

Dr. I. R. Pels read a paper on "Conservative surgery of the skin with reference to epithelioma." This was discussed by Dr. William Neill, Jr. Dr. T. P. Sprunt presented "A résumé of the lipomatoses," and Dr. H. G. Beek read a paper on "Hypopituitarism." The discussion of these papers was by Dr. Emil Novak. Drs. H. W. Walton and C. C. Habliston then presented "A case of tracheo-oesophageal fistula." This was discussed by Dr. Nathan Winslow and Dr. C. A. Waters. Owing to the inability of Dr. I. J. Spear to be present his paper was not read.

The meeting then adjourned.

The regular meeting of the Baltimore City Medical Society was held on Friday, April 23, 1920, at 8.30 P. M., Dr. Harvey B. Stone presiding. The minutes of the previous meeting were read and approved.

The first paper was read by Dr. Irving J. Spear on "Types of the epidemic encephalitis, with report of cases." Dr. Charles A. Waters then discussed the "Fluoroscopic localization of small encapsulated and interlobar empyemata and the successful aspiration of the same." Several interesting urological cases were then reported by Dr. Albert E. Goldstein. Dr. J. M. H. Rowland then reported a successful case of "Intra-abdominal pregnancy." This paper was discussed by Drs. Novak, Kloman, Perry and Rowland.

The meeting then concluded with a smoker.

DIRECTORY.

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

Officers and Committees for 1920 are given on first two pages of Bulletin each month.

LIST OF PRESIDENTS—1799-1920.

1799-1801—Upton Scott.	1886-1887—George W. Miltenberger.
1801-1815—Philip Thomas.	1887-1888—I. Edmondson Atkinson.
1815-1820—Ennalls Martin.	1888-1889—John Morris.
1820-1826—Robert Moore.	1889-1890—Aaron Friedenwald.
1826-1836—Robert Goldsborough.	1890-1891—Thomas A. Ashby.
1836-1841—Maxwell McDowell.	1891-1892—Wm. H. Welch.
1841-1848—Joel Hopkins.	1892-1893—L. McLane Tiffany.
1848-1849—Richard Sprigg Steuart.	1893-1894—George H. Rohé.
1849-1850—Peregrine Wroth.	1894-1895—Robert W. Johnson.
1850-1851—Richard Sprigg Steuart.	1895—J. Edwin Michael.
1851-1852—William W. Handy.	1895-1896—Charles G. Hill.
1852-1853—Michael S. Baer.	1896-1897—William Osler.
1853-1854—John L. Yeates.	1897-1898—Charles M. Ellis.
1854-1855—John Fonerden.	1898-1899—Samuel C. Chew.
1855-1856—Jacob Baer.	1899-1900—Clotworthy Birnie.
1856-1857—Christopher C. Cox.	1900-1901—Samuel Theobald.
1857-1858—Joshua I. Cohen.	1901-1902—J. McPherson Scott.
1858-1859—Joel Hopkins.	1902-1903—Wm. T. Howard.
1859-1870—Geo. C. M. Roberts.	1903-1904—Eugene F. Cordell.
1870—John R. W. Dunbar.	1904-1905—Edward N. Brush.
1870-1872—Nathan R. Smith.	1905-1906—Samuel T. Earle, Jr.
1872-1873—P. C. Williams.	1906-1907—Hiram Woods.
1873-1874—Charles H. Ohr.	1907-1908—Charles O'Donovan.
1874-1875—Henry M. Wilson.	1908-1909—Brice W. Goldsborough.
1875-1876—John F. Monmonier.	1909-1910—G. Milton Linthicum.
1876-1877—Christopher Johnston.	1910-1911—Franklin B. Smith.
1877-1878—Abram B. Arnold.	1912—Hugh H. Young.
1878-1879—Samuel P. Smith.	1913—Archibald C. Harrison.
1879-1880—Samuel C. Chew.	1914—Randolph Winslow.
1880-1881—H. P. C. Wilson.	1915—J. W. Humrichouse.
1881-1882—Frank Donaldson.	1916—J. Whitridge Williams.
1882-1883—William M. Kemp.	1917—Guy Steele.
1883-1884—Richard McSherry.	1918—W. S. Halsted.
1884-1885—Thomas S. Latimer.	1919—John Ruhräh
1885-1886—John R. Quinan.	1920—James E. Deets

LIST OF VICE-PRESIDENTS.

1799-1848—(Unknown.)	1854-1855—Geo. C. M. Roberts, Samuel P. Smith, Joel Hopkins.
1848-1849—John Readel, Jacob Baer, P. Wroth.	1855-1856—George C. M. Roberts, G. W. Miltenberger, M. Diffenderffer.
1850-1851—Joel Hopkins, P. Wroth, Jacob Fisher.	1856-1857—P. Wroth, Wm. H. Davis, Samuel Smith.
1851-1853—(Unknown.)	1857-1858—William Waters, Frederick Dorsey, Joel Hopkins.
1853-1854—John Fonerden, Albert Ritchie, P. Wroth.	

1858-1859—Samuel Chew, Stephen N. C. White, Samuel K. Handy.

1859-1863—John R. W. Dunbar, Samuel Chew, Wm. M. Kemp.

1863-1871—John R. W. Dunbar, Wm. M. Kemp, John C. Hopkins.

1871-1872—C. H. Ohr, Edward Warren, Richard McSherry.

1872-1873—(Unknown.)

1873-1874—S. C. Chew, H. M. Wilson, A. B. Arnold.

1874-1875—Francis T. Miles, James A. Steuart, D. A. O'Donnell.

1875-1876—Christopher Johnston, A. B. Arnold, J. C. Thomas.

1876-1877—P. C. Williams, James A. Steuart, Francis T. Miles.

1877-1878—S. C. Chew, F. E. Chatard, Charles H. Jones.

1878-1879—James C. Thomas, L. McLean Tiffany.

1879-1880—H. P. C. Wilson, James A. Steuart.

1880-1881—L. McLane Tiffany, G. Ellis Porter.

1881-1882—A. H. Bayly, I. E. Atkinson.

1882-1883—Thomas S. Latimer, Richard McSherry.

1883-1884—W. Stump Forward, J. S. Lynch.

1884-1885—John R. Quinan, I. E. Atkinson.

1885-1886—E. C. Baldwin, J. E. Michael.

1886-1887—Thomas Opie, Richard Gundry.

1887-1888—Charles H. Jones, James Carey Thomas.

1888-1889—J. E. Michael, Thomas P. Evans.

1889-1890—T. A. Ashby, C. G. W. Macgill.

1890-1891—Geo. H. Rohé, J. McPherson Scott.

1891-1892—J. W. Humrichouse, David Street.

1892-1893—J. W. Downey, J. W. Chambers.

1893-1894—John D. Blake, John S. Fulton.

1894-1895—Charles H. Jones, W. M. Nihiser.

1895-1896—Charles G. Hill, Clotworthy Birnie.

1896-1897—Wilmer Brinton, Randolph Winslow.

1897-1898—W. F. A. Kemp, George J. Preston.

1898-1899—Mary Sherwood, J. McPherson Scott.

1899-1900—Samuel Theobald, David Street.

1900-1901—Samuel T. Earle, Jr., J. B. R. Purnell.

1901-1902—Harry Friedenwald, B. W. Goldsborough.

1902-1903—Samuel T. Earle, Jr., Wilmer Brinton.

1903-1904—Franklin B. Smith, James M. Craighill.

1904-1905—Samuel T. Earle, Jr., D. C. R. Miller, Julius A. Johnson.

1905-1906—Charles O'Donovan, Thomas M. Chaney, Joseph B. Seth.

1906-1907—William T. Watson, Philip Briscoe, William F. Hines.

1907-1908—Roger Brooke, Henry L. P. Naylor, George Dobbin.

1908-1909—Philip Briscoe, William L. Smith, G. Milton Linthicum.

1909-1910—Philip Briscoe, A. P. Herring, Compton Riely.

1910-1911—J. Staige Davis, H. B. Gantt, Timothy Griffith.

1912—J. L. Riley, D. E. Stone, J. A. Chatard.

1913—J. Staige Davis, C. F. Davidson, E. B. Claybrook.

1914—C. R. Winterson, A. L. Franklin, Gordon Wilson.

1915—A. McGlannan, J. E. Deets, R. Lee Hall.

1916—L. C. Carrico, M. D. Norris, J. A. Chatard.

1917—D. E. Stone, A. H. Hawkins, J. M. H. Rowland.

1918—Julius Friedenwald, J. E. Deets, J. McF. Dick.

1919—J. McF. Bergland, Philip Briscoe, J. E. Deets.

1920—T. R. Boggs, A. M. Shipley, Eugene Jones.

ACTIVE MEMBERS OF COMPONENT SOCIETIES. 1920.

Allegany County.

Boucher, S. A., Barton, Md.
 Bowen, R. C., Grantsville, Md.
 Broadrup, George L., Cumberland, Md.
 Broadwater, N. I., Oakland, Md.
 Bullock, James O., Lonaconing, Md.
 Burns, Wm. L., Cumberland, Md.
 Cavenaugh, Leo M., Cumberland, Md.
 Charles, F. H., Midland, Md.
 Claybrook, Edwin B., Cumberland, Md.
 Cobey, James C., Frostburg, Md.
 Conroy, Timothy L., Frostburg, Md.
 Cowherd, F. G., Cumberland, Md.
 Cowherd, J. K., Ridgeley, W. Va.
 Deming, Herbert V., Cumberland, Md.
 Enfield, S. E., Mt. Savage, Md.
 Fechtig, Robert Y., Baltimore, Md.
 Franklin, A. L., Cumberland, Md.
 Frantz, Winter R., Cumberland, Md.
 Gardner, Charlotte B., Cumberland, Md.
 Gracie, W. A., Cumberland, Md.
 Harris, Edward, Jr., Cumberland, Md.
 Hawkins, Arthur H., Cumberland, Md.
 Hinebaugh, Mallon C., Oakland, Md.
 Hodges, William R., Cumberland, Md.
 Hodgson, H. M., Lonaconing, Md.
 Hodgson, Henry W., Cumberland, Md.
 Johnson, James T., Cumberland, Md.
 Jones, Emmett L., Cumberland, Md.
 Kalbaugh, A. B., Westernport, Md.
 Kemp, H. M., Bloomington, Md.
 Keim, P. S., Cumberland, Md.
 Koon, Thomas L., Cumberland, Md.
 Legge, John Edwin, Cumberland, Md.
 Littlefield, John R., Cumberland, Md.
 McComas, H. W., Oakland, Md.
 McDonald, T. B., Cumberland, Md.
 McGann, John H., Barton, Md.
 McLane, W. O., Frostburg, Md.
 Mason, Allen J., Friendsville, Md.

Mathews, L. B., Cumberland, Md.
 Miller, Ed. Judson, Kitzmiller, Md.
 Myers, L. R., Cumberland, Md.
 Nedrow, Willey Clayton, Friendsville,
 Md.
 O'Neil, Francis P., Cumberland, Md.
 Owens, C. L., Cumberland, Md.
 Owens, M. E. B., S. Cumberland, Md.
 Price, James Marshall, Frostburg, Md.
 Raphael, Eugene F., Cumberland, Md.
 Robinson, H. T., Cumberland, Md.
 Sharrett, G. O., Cumberland, Md.
 Skilling, William Quail, Lonaconing,
 Md.
 Spear, J. M., Cumberland, Md.
 Spicer, Jos. H., Cumberland, Md.
 Trevaskis, R. W., Cumberland, Md.
 Walker, H. B., Cumberland, Md.
 White, Edward H., Cumberland, Md.
 Wilson, F. M., Cumberland, Md.
 Wilson, J. Homer, Cumberland, Md.
 Wilson, Jacob Jones, Cumberland, Md.

Anne Arundel County.

Benson, Thomas P., Hanover, Md.
 Billingslea, James Snow, Armiger, Md.
 Brayshaw, Thomas H., Glen Burnie,
 Md.
 Brooke, Charles H., Brooklyn, Md.
 Collison, John, South River, Md.
 Gantt, H. B., Jr., Millersville, Md.
 Henkel, Charles B., Annapolis, Md.
 Henkel, Louis B., Jr., Annapolis, Md.
 Hepburn, Sewall S., Annapolis, Md.
 Hopkins, Walton H., Annapolis, Md.
 Murphy, James J., Annapolis, Md.
 Purvis, Jesse Oliver, Annapolis, Md.
 Thompson, Frank H., Annapolis, Md.
 Weitzman, Frances E., Annapolis, Md.
 Winterode, R. Preston, Crownsville, Md.

Baltimore County.

Beitler, Frederick V., Halethorpe, Md.
 Benson, Benjamin R., Cockeysville, Md.
 Benson, E. H., Cockeysville, Md.
 Benson, Joshua Edward, Overlea, Md.
 Berngartt, Bernard M., Reisterstown, Md.
 Bowen, Josiah S., Mt. Washington, Md.
 Boyd, Wm. A., Schofield Barracks, Hawaii, H. I.
 Bridges, W. A., 611 St. Paul St., Baltimore, Md.
 Brush, Edward N., Towson, Md.
 Bubert, John D., 4836 Park Heights Ave.
 Bussey, Bennett F., Texas, Md.
 Campbell, W. H. H., Owings Mills, Md.
 Cassidy, Henry F., Roland Park, Md.
 Clarke, Sydenham R., Roland Park, Md.
 Cox, N. H. D., Arlington, Md.
 Drach, John H., Butler, Md.
 Dunton, William Rush, Govans, Md.
 Ebert, J. Wm., Lutherville, Md.
 Eldred, Frank C., Sparrows Point, Md.
 Ensor, Charles B., Station E., Baltimore, Md.
 Fort, S. J., LaPlata, Md.
 Fritz, G. A., Overlea, Md.
 Garrett, Robert Edward, Catonsville, Md.
 Glann, Raymond V., Mt. Winans, Md.
 Glantz, Frank A., 3244 Eastern Ave. Extd.
 Gorsuch, James F. H., Fork, Md.
 Green, John S., Gittings, Md.
 Green, Joshua Royston, Towson, Md.
 Green, Morris B., Hamilton, Md.
 Gundry, Alfred T., Athol, Catonsville, Md.
 Gundry, Lewis H., Relay, Md.
 Gundry, Richard F., Catonsville, Md.
 Hall, Thomas B., Mt. Winans, Md.
 Harrison, John W., Middle River, Md.
 Hess, Harry Clyde, Station H., Govans, Md.
 Hyde, E. W., Parkton, Md.
 Hill, Chas. G., Arlington, Md.
 Hill, Milton P., Arlington, Md.
 Hocking, George H., Govanstown, Md.
 Jarrett, J. H., Towson, Md.
 Katzenberger, J. W., 1729 W. Lombard St., Baltimore.

Keating, Frank W., Owings Mills, Md.
 Kerr, Eugene, Towson, Md.
 Kieffer, G. S. M., Morrell Park, Md.
 McClennahan, Wm. E., Highlandtown, Md.
 McCormick, G. C., Sparrows Point, Md.
 Macgill, John Charles, Catonsville, Md.
 Manning, John, Melrose Ave., Govans, Md.
 Mattfeldt, Charles L., Catonsville, Md.
 Mitchell, A. R., Monkton, Md.
 Monmonier, J. Carroll, Jr., Catonsville, Md.
 Naylor, Harry A., Pikesville, Md.
 Naylor, Henry L. P., Pikesville, Md.
 Nichol, E. E., Pikesville, Md.
 Pearson, C. B., Arlington, Md.
 Porter, Minor Gibson, Roland Park, Md.
 Ruhl, Frank H., Lansdowne, Md.
 Runkel, J. G., Catonsville, Md.
 Sargeant, George F., Towson, Md.
 Shaffer, Floyd E., Sparrows Point, Md.
 Shermantine, R. W., Sparks, Md.
 Slade, H. M., Reisterstown, Md.
 Sloan, Martin F., Towson, Md.
 Smart, L. Gibbons, Lutherville, Md.
 Smink, A. C., Forest Park, Md.
 Smink, C. C., Lauraville, Md.
 Todd, William J., Mt. Washington, Md.
 Wade, J. Percy, Catonsville, Md.
 Wantz, Sherman R., Arlington, Md.
 Webster, A. G., Overlea, Md.
 West, Marshall B., Catonsville, Md.
 Wilkinson, A. L., Raspeburg, Md.
 Wilson, James H., Fowblesburg, Md.
 Wyse, Wm. P. E., Pikesville, Md.

Calvert County.

Briscoe, Philip, Mutual, Md.
 Chambers, George F., Lusby, Md.
 Coster, Earle S., Solomons, Md.
 Hinman, Ellsworth H., Lower Marlboro, Md.
 King, Isaac N., Barstow, Md.
 Leitch, John W., Huntingtown, Md.
 Marsh, William H., Solomons, Md.
 Quarles, Edward, Island Creek, Md.
 Talbot, William H., Willows, Md.
 Talbott, D. R., Dunkirk, Md.
 Wilson, Compton, Friendship, Md.

Caroline County.

Downes, John Raymond, Preston, Md.
 Fisher, Percy R., Denton, Md.
 Galloway, George F., Federalsburg, Md.
 George, D. O., Denton, Md.
 Goldsborough, William W., Greensboro,
 Md.
 Jefferson, R. K., Federalsburg, Md.
 Madara, Jacob C., Ridgely, Md.
 Malone, Frederick R., Greensboro, Md.
 Nichols, Frederick N., Denton, Md.
 Page, R. B., Denton, Md.
 Phillips, James R., Preston, Md.
 Rowe, H. W. B., Hillsboro, Md.
 Silver, H. Fletcher, Goldsborough, Md.
 Stone, S. S., Ridgely, Md.

Carroll County.

Bare, S. Luther, Westminster, Md.
 Benner, Chandos M., Taneytown, Md.
 Bott, M. L., Westminster, Md.
 Brown, George H., New Windsor, Md.
 Brown, William Durbin, Union Bridge,
 Md.
 Bush, E. N., Hampstead, Md.
 Clark, Joseph Clement, Sykesville, Md.
 Coonan, Thomas J., Westminster, Md.
 Cronk, Abraham T., Westminster, Md.
 Cronk, Edwin D., Winfield, Md.
 Denner, W. R. S., Manchester, Md.
 Diller, Roland R., Detour, Md.
 Elliott, F. T., Harney, Md.
 Fitzhugh, Henry M., Westminster, Md.
 Foutz, Charles R., Westminster, Md.
 Geatty, J. Sterling, New Windsor, Md.
 Heffenger, Clarence W., Sykesville, Md.
 Kemp, Luther, Uniontown, Md.
 Legg, T. H., Union Bridge, Md.
 Lucas, W. Frank, Sykesville, Md.
 Morris, J. N., Sykesville, Md.
 Norris, Milton D., Sykesville, Md., R.
 F. D. No. 2.
 Purdum, H. D., Sykesville, Md.
 Resh, D. M., Hampstead, Md.
 Seiss, F. H., Taneytown, Md.
 Sprecher, Daniel B., Sykesville, Md.
 Stewart, John J., Union Mills, Md.
 Stitely, L. C., Demmings, Md.
 Watt, James, Union Bridge, Md.
 Weaver, John F. B., Manchester, Md.

Wells, Robert F., Westminster, Md.
 Wethered, J. L., Sykesville, Md.
 Wetzel, G. Lewis, Union Mills, Md.
 Whitehill, Ira E., New Windsor, Md.
 Willard, E. H., Mt. Airy, Md.
 Woodward, Lewis K., Westminster, Md.
 Ziegler, John S., Melrose, Md.

Cecil County.

Benson, C. I., Port Deposit, Md.
 Black, Robert M., Cecilton, Md.
 Bratton, Howard, Elkton, Md.
 Cantwell, H. A., North East, Md.
 Carrico, Camillus P., Elkton, Md.
 Cawley, William D., Elkton, Md.
 Collins, C. B., North East, Md.
 Conrey, Thomas J., Chesapeake City,
 Md.
 Dodson, R. C., Rising Sun, Md.
 Fisher, Sam'l Groome, Jr., Port Deposit,
 Md.
 France, Joseph Irwin, Port Deposit, Md.
 Gifford, David L., North East, R. F. D.,
 Md.
 Gillespie, G. W., Rowlandville, Md.
 Jamar, John Henry, Elkton, Md.
 Laws, Clifton C., Chesapeake City, Md.
 McKnight, Vernon H., North East, Md.
 Magraw, James F., Perryville, Md.
 Miller, Charles F., R. F. D. 2, North
 East, Md.
 Mitchell, Henry Arthur, Elkton, Md.
 Richards, G. Hampton, Port Deposit,
 Md.
 Rowland, Ernest, Liberty Grove, Md.
 Wilson, J. G., Perryville, Md.

Charles County.

Chappelear, F. D., Hughesville, Md.

Dorchester County.

Carey, C. J., Cambridge, Md.
 Coll, Thomas L., Cambridge, Md.
 Fleming, Elias C., Hurlock, Md.
 Frazier, L. G., Hurlock, Md.
 Goldsborough, Brice W., Cambridge, Md.
 Goldsborough, M. W., Cambridge, Md.
 Houston, William H., Fishing Creek, Md.
 Hunt, E. V., Vienna, Md.
 Jones, E. A. P., Cambridge, Md.

Lamkin, Edward E., Vienna, Md.
 Mace, John, Cambridge, Md.
 Meade, J. W., Jr., Fishing Creek, Md.
 Myers, George Roger, Hurlock, Md.
 Nichols, Harry F., East NewMarket, Md.
 Osler, E. R., Galestown P. O., Seaford, Del.
 Shriver, Joseph K., Jr., Cambridge, Md.
 Smith, M. D., Cambridge, Md.
 Steele, Guy, Cambridge, Md.
 Stokes, Sydney A., Cornersville, Md.
 Tawes, P. H., Wingate, Md.
 Wolff, Eldridge E., Cambridge, Md.

Frederick County.

Bauensfeld, Emil G., Frederick Junction, R. F. D., Md.
 Beckley, Edwin Luther, Middletown, Md.
 Birely, Morris A., Thurmont, Md.
 Bowlus, E. L., Middletown, Md.
 Brown, W. Hayes, Jefferson, Md.
 Browning, Ralph, Myersville, Md.
 Conley, Charles H., Frederick, Md.
 Crist, G. Bruce, Frederick, Md.
 Fahrney, Henry P., Frederick, Md.
 Goodell, Charles F., Frederick, Md.
 Goodman, James Monroe, Frederick, Md.
 Hedges, Frank Hill, Frederick, Md.
 Hedges, Henry Slicer, Brunswick, Md.
 Hendrix, John Oliver, Frederick, Md.
 Horine, Arlington G., Brunswick, Md.
 Hume, R. Caldwell, Adamstown, Md.
 Johnson, T. B., Frederick, Md.
 Jamison, Booker J., Emmittsburg, Md.
 Johnson, Wm. Crawford, Frederick, Md.
 Kefauver, E. C., Thurmont, Md.
 Kuhlman, H. S., Jefferson, Md.
 Lansdale, P. S., Frederick, Md.
 Liggett, John J., Ladiesburg, Md.
 Long, James A., Frederick, Md.
 Long, John W., Walkersville, Md.
 McCurdy, Ira J., Frederick, Md.
 Magruder, C. L., Monrovia, Md.
 Neighbors, Eutaw D., Lewistown, Md.
 Nice, J. A., Mt. Airy, Md.
 Pearre, M. S., Unionville, Md.
 Perry, Benjamin C., Urbana, Md.
 Ran, R. M., Frederick, Md.

Remsburg, J. J., Walkersville, Md.
 Riggs, George Henry, Ijamsville, Md.
 Routson, Thomas Clyde, Buckeystown, Md.
 Smith, Alvey J., Wolfsville, R.F.D., Md.
 Smith, J. G. F., Brunswick, Md.
 Smith, W. M., Frederick, Md.
 Stone, Daniel Edwin, Mt. Pleasant, Md.
 Stone, Otis B., Libertytown, Md.
 Thomas, Bernard O., Frederick, Md.
 Thomas, Edward P., Frederick, Md.
 Thomas, Joseph G., Adamstown, Md.
 Trapnell, Richard W., Point of Rocks, Md.
 Tyson, Robert S., Frederick, Md.
 West, Levin, Brunswick, Md.

Harford County.

Archer, William S., Bel Air, Md.
 Arthur, W. E., Cardiff, Md.
 Bagley, Charles, Bagley, Md.
 Bay, James H., Havre de Grace, Md.
 Bradley, Hugh L., Jarrettsville, Md.
 Callahan, T. A., Bel Air, Md.
 Dulaney, H. K., Perryman, Md.
 Famous, C. W., Streett, Md.
 Hughes, Fred. L., Gibson, Md.
 Kirk, Wm. B., Darlington, Md.
 Page, R. S., Bel Air, Md.
 Richardson, Charles, Bel Air, Md.
 Roth, E. A., Edgewood, Md.
 Sappington, Purnell F., Bel Air, Md.
 Smith, R. H., Havre de Grace, Md.
 Snodgrass, Frank, Darlington, Md.
 Steiner, F. W., Havre de Grace, Md.
 Van Bibber, Armfield F., Bel Air, Md.
 Wilkinson, V. S., Aberdeen, Md.

Howard County.

Brumbaugh, B. Bruce, Elkridge, Md.
 Cissel, William W. L., Highland, Md.
 Gambrill, Wm. B., Ellicott City, Md.
 Gassaway, Wm. N., Ellicott City, Md.
 Lacy, John William, Lisbon, Md.
 Linthicum, Thos. Waters, Savage, Md.
 Miller, Frank O., Ellicott City, Md.
 Nichols, Samuel A., Dayton, Md.
 Shipley, F. E., Savage, Md.
 Stone, William Carter, Ellicott City, Md.

Travers, C. E., Relay, Md.
 White, W. Rushmer, Ellicott City, Md.
 Williams, Arthur, Elkridge, Md.

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Bates, J. Herbert, Millington, Md.
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 Maxwell, W. S., Still Pond, Md.
 Simpers, Henry G., Chestertown, Md.
 Smith, Frank W., Chestertown, Md.
 Whaland, Charles W., Chestertown, Md.

Montgomery County.

Bird, J. W., Sandy Spring, Md.
 Blake, B. C., Lecompte, La.
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 Broshart, I. J., Gaithersburg, Md.
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 Bullard, Ernest L., Rockville, Md.
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 Chappell, J. W., Grant Road, N. W.,
 Tenley, D. C.
 Conrad, T. K., Chevy Chase, Md.
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 Devereux, Ryan, Chevy Chase, Md.
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 Md.

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 Md.

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 White, James M., Barnesville, Md.
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 Wright, Katherine W., Forest Glen, Md.

Prince George County.

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 Brady, Z. M., Seat Pleasant, Md.
 Coe, John Alexander, Brandywine, Md.
 Coggins, Jesse C., Laurel, Md.
 Duvall, J. M., Springfield, Md.
 Etienne, Arthur O., Berwyn, Md.
 Gibbons, Williams H., Croom, Md.
 Griffith, Lewis Allen, Upper Marlboro,
 Md.
 Griffith, W. Allen, Berwyn, Md.
 Jones, G. Wilson, Laurel, Md.
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 Latimer, T. E., Hyattsville, Md.
 McDonnell, Henry B., College Park,
 Md.
 McMillan, Samuel M., Riverdale, Md.
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 Sansbury, J. E., Forestville, Md.
 Willis, H. F., Hyattsville, Md.

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 Fisher, W. H., Centerville, Md.
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 Md.

Somerset County.

Allen, Ira A. B., Marion, Md.
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 Collins, Clarence E., Crisfield, Md.

Coulbourn, George C., Marion Station, Md.
 Coulbourn, Wm. H., Crisfield, Md.
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 Hall, William Fletcher, Crisfield, Md.
 Lankford, Catharine F., Princess Anne, Md.
 Lankford, Henry M., Princess Anne, Md.
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 Schwatka, C. F., Crisfield, Md.
 Smith, Teackle J., Princess Anne, Md.
 Wainwright, Chas. W., Princess Anne, Md.

Talbot County.

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 Davidson, Charles F., Easton, Md.
 Hammond, W. T., Easton, Md.
 Hope, James C., St. Michael's, Md.
 Merritt, J. B., 3d, Easton, Md.
 Palmer, W. N., Easton, Md.
 Ross, Joseph A., Trappe, Md.
 Seth, Lewis H., McDaniel, Md.
 Seymour, William S., Trappe, Md.
 Stevens, A. McC., Easton, Md.
 Stevens, James A., Easton, Md.
 Travers, Philip Lee, Easton, Md.
 Trippe, Samuel E., Royal Oak, Md.
 Wilson, S. Kennedy, Tilghman, Md.

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 Bender, W. R., Hagerstown, Md.
 Booze, Theodore B., Williamsport, Md.
 Branin, Charles N., Hagerstown, Md.
 Campbell, William D., Hagerstown, Md.
 Cullen, Victor Francis, State Sanatorium, Md.
 Davis, S. Seibert, Boonsboro, Md.
 Fleming, P. L., Hagerstown, Md.
 Gardner, S. Howell, Sharpsburg, Md.
 Gilmer, H. D., Hagerstown, Md.
 Gordon, W. A., Hagerstown, Md.
 Herman, Henry S., Hagerstown, Md.
 Hoff, David, E., Hagerstown, Md.
 Hoffmeier, F. N., Hagerstown, Md.
 Humrichouse, James W., Hagerstown, Md.

Kefauver, Maurice D., Smithsburg, Md.
 Kohler, G. A., Smithsburg, Md.
 Laughlin, Mary A., Hagerstown, Md.
 Maisch, Augustus C., Hagerstown, Md.
 Miller, D. C. R., Mason & Dixon, Pa.
 Miller, Victor Davis, Jr., Hagerstown, Md.
 Miller, W. D., Hagerstown, Md.
 Morrison, William B., Hagerstown, Md.
 Nihiser, Winton M., Hagerstown, Md.
 Pittsnogle, Jeptah E., Hagerstown, Md.
 Ragan, O. H. William, Hagerstown, Md.
 Richardson, William S., Williamsport, Md.
 Scheller, Christian R., Hagerstown, Md.
 Schindel, E. M., Hagerstown, Md.
 Schulze, Wm. C., Hagerstown, Md.
 Scott, John McPherson, Hagerstown, Md.
 Smith, W. H., Hagerstown, Md.
 Stouffer, A. P., Hagerstown, Md.
 Stouffer, R. S., Hagerstown, Md.
 Tabler, Homer E., Hancock, Md.
 Tobias, I. H., Hanceock, Md.
 Wade, John H., Boonsboro, Md.
 Wagaman, Samuel M., Hagerstown, Md.
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 Watkins, Daniel A., Hagerstown, Md.
 Weaver, Z. L., Williamsport, Md.
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 Wingerd, C. Z., Funkstown, Md.
 Wroth, Peregrine, Jr., Hagerstown, Md.
 Zimmerman, I. M., Williamsport, Md.

Wicomico County.

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 Dick, James McFadden, Salisbury, Md.
 Elderdice, John Martin, Salisbury, Md.
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 Tull, Harry C., Salisbury, Md.
 Wailes, Henry S., Salisbury, Md.
 Wanner, J. R., Nanticoke, Md.

Worcester County.

Aydelotte, John S., Snow Hill, Md.
Bishop, James R., Showell, Md.
Collins, Rollin P., Bishopville, Md.
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Holland, C. A., Berlin, Md.
Jones, Paul, Snow Hill, Md.
Landers, A. E., Snow Hill, Md.
Parker, A. A., Pocomoke City, Md.
Riley, John L., Snow Hill, Md.
Sartorius, N. E., Pocomoke City, Md.
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Service, 163 Dryades St., New Orleans,
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troit, Mich.
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York, N. Y.
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Tyson, James, Philadelphia, Pa.

Baltimore City Medical Society.

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 Abercrombie, John Robert, 1316 N. Charles St.,
 Abercrombie, Ronald T., 18 W. Franklin St.
 Abrams, Michael A., 2360 Eutaw Place.
 Abromaitis, Joseph, 601 S. Paia St.
 Adler, Harry, 1718 Eutaw Place.
 Ahroon, Carl R., 1621 Linden Ave.
 Akehurst, James S., 4012 Park Heights Ave.
Algire, Harry Cairnes, 3640 Roland Ave.
 Allen, Eustace Andrew, Mercy Hospital.
 Anderson, Franklin B., 1800 Ashburton St.
Arthur, Harry H., 1426 W. Lanvale St.
 Ashbury, Howard E., 810 St. Paul St.
Athey, Caleb N., 100 S. Patterson Park Ave.
Athey, H. B., 200 N. Patterson Park Ave.
 Atkinson, A. Duvall, 1010 N. Calvert St.
Austrian, Charles R., 1417 Eutaw Place
 Ayd, Frank J., 2005 E. Monument St.
 Bacon, Walter C., 100 E. 20th St.
 Bacon, Robert B., 631 Maryland Ave., N. E., Washington, D. C.
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Baetjer, Fredrick Henry, 4 E. Madison St.
 Baetjer, Walter A., 900 St. Paul St.
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 Baggott, Bartus T., 1207 Mosher St.
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 Barker, Lewellys F., 1035 N. Calvert St.
 Barrett, Arthur G., 2000 Eutaw Place.
 Bawden, George A., 1517 E. North Ave.
 Baxley, Henry Minifie, 1126 W. North Ave.
 Bay, Robert Parke, The Walbert.
 Baylin, Morris J., 212 Aisquith St.
 Bayne-Jones, Stanhope, Johns Hopkins Hospital.
 Beck, Harvey G., 20 E. Preston St.
 Belt, Mabel, The Arundel.
 Belt, Samuel Jones, 1516 E. Preston St.
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 Berkley, Henry J., 1305 Park Ave.
 Bernheim, Bertram M., 2313 Eutaw Place.
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 Billups, Gains W., 2224 W. North Ave.
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 Bloomfield, Arthur L., Johns Hopkins Hospital.
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 Booker, William D., 208 W. Monument St.
 Bordensky, Nathan B., 2114 Wilkens Ave.
 Bordley, James, Jr., 330 N. Charles St.
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 Branham, J. H., 330 N. Charles St.
 Brent, Hugh, 16 E. Chase St.
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 Brinton, Wilmer, 1232 N. Calvert St.
 Briscoe, Everard, Mercy Hospital.
 Bronushas, I. Benedict, St. Joseph's Hospital.
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 Brown, James, Jr., South Baltimore General Hospital.
 Brown, Thomas Richardson, 17 W. Bidle St.
 Browne, Bennet Bernard, 510 Park Ave.
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 Brumback, Joseph E., 1327 E. North Ave.
 Brush, Nathaniel H., Johns Hopkins Hospital.
 Bubert, C. H., 1100 W. Lafayette Ave.
 Buchness, James A., University Hospital.
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 Buckler, Humphrey Warren, 806 Cathedral St.
 Buettner, Henry F., 1049 Riverside Ave.

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 Burrow, Trigant, The Tuscany.
 Butler, John Camp, 133 W. Lanvale St.
 Buxton, Gilbert F., 301 E. Cross St.
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 Byrnes, Charles Metcalf, 207 E. Preston
 St.
 Cairnes, George Henry, 21 W. 25th St.
 Campbell, C. M., 21 Talbot Road.
 Campbell, R. E. L., 1644 Hanover St
 Carman, Richard Perry, 1701 N. Caro-
 line St.
 Carpenter, Frances A., Bellevue-Man-
 chester.
 Carroll, Albert H., 1121 Madison Ave.
 Carroll, Charles J., 1740 E. Baltimore St.
 Carroll, James Joseph, 405 N. Charles St.
 Casler, DeWitt B., 13 W. Chase St.
 Caspari, William, 1603 Madison Ave.
 Cathell, Daniel Webster, The Emerson
 Catlin, Barrett C., 1404 Linden Ave.
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 Chatard, Joseph Albert, 40 W. Biddle St.
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 Ave.
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 Clark, Fred Harlow, 4249 Park Heights
 Ave.
 Clarken, James V., 529 N. Charles St.
 Clautice, Charles P., 1504 McCulloh St.
 Cliff, J. W. V., 1312 W. Mulberry St.
 Clopton, W. G., 2919 Huntingdon Ave.
 Clough, M. C., Johns Hopkins Hospital.
 Clough, Paul W., Johns Hopkins Hos-
 pital.
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 Collinson, John, 16 W. Saratoga St.
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 Cone, Sydney, 2326 Eutaw Place.
 Conser, Charles Carlisle, 1101 N. Fulton
 Ave.
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 Cook, Carlton M., 1107 W. Lanvale St.
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 Coppage, W. G., 2303 N. Calvert St.
 Cotton, Albertus, 1303 Maryland Ave.
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 Cross, Roscoe Z. G., 2438 Maryland Ave.
 Crouch, J. Frank, 513 N. Charles St.
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 Cullen, Thomas Stephen, 20 E. Eager St.
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 St.
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 Dohme, Gustavus Charles, 3014 St. Paul
 St.
 Douglass, Louis H., 33 W. Preston St.
 Douglas, Eugene, 830 W. North Ave.
 Downey, Jesse W., Jr., 529 N. Charles St.
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 Duane, G. L., 721 N. Eutaw St.
 Duker, Otto H., 928 E. North Ave.
 Dunham, F. L., The Cecil
 Dunnott, D. Z., 906 N. Charles St.
 Eareckson, Edith, 922 Madison Ave.

Earle, Samuel T., 1431 Linden Ave.
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Edmunds, Page, 605 Park Ave.
Edwards, Chas. R., 33 W. Preston St.
Eilau, Emanuel W., 1908 Madison Ave.
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Evans, John, 22 E. Preston St.
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Fiske, John Dwinelle, 51 S. Gay St.
Fleck, H. K., 924 N. Charles St.
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Follis, Richard Holden, 3 E. Read St.
Ford, William W., 1124 N. Calvert St.
Forsythe, Hugh, 424 E. North Ave.
Fort, Wetherbee, South Baltimore General Hospital.
Foster, H. M., 44 W. Biddle St.
Franklin, David, 122 W. Lee St.
Franks, H. Lee, 1228 S. Charles St.
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Freeman, Howard N., 2631 N. Calvert St.
Freilinger, M. C., 682 Columbia Ave.
Frey, E. Wm., 1928 Pennsylvania Ave.
French, B. F., 1707 Edmondson Ave.
Fried, Hiram, 2551 Madison Ave.
Friedenwald, Edgar B., 1616 Linden Ave.
Friedenwald, Harry, 1029 Madison Ave.
Friedenwald, Julius, 1013 N. Charles St.
Frontz, William, Johns Hopkins Hospital
Fulton, John S., 2211 St. Paul St.
Funek, J. William, 330 N. Charles St.
Futcher, Thomas Barnes, 1129 N. Calvert St.
Gabriel, C. N., 2413 St. Paul St.
Gaddess, H. W., 321 E. 25th St.
Gage, A. S., 709 N. Broadway.
Gaither, Ernest H., 17 W. Biddle St.
Galvin, Thos. K., 23 W. Franklin St.
Gamble, Cary B., Jr., 26 W. Biddle St.
Garb, Nathaniel, 2731 Parkwood Ave.
Gardner, William Sisson, 6 W. Preston St.
Gately, Joseph Edward, 23 W. Franklin St.
Geraghty, John T., 330 N. Charles St.
Geraghty, Wm. R., 203 E. Preston St.
Getz, Charles, 1111 W. Lanvale St.
Gibbons, Edward Englars, 1102 W. Lafayette Ave.
Gichner, Joseph Enoch, 1516 Madison Ave.
Giering, Herman J., 1900 Eastern Ave.
Gilchrist, Thomas Caspar, 330 N. Charles St.
Gillis, Andrew Colin, 924 N. Charles St.
Gillis, Alexander J., Mercy Hospital.
Girdwood, John, 102 E. 25th St.
Goldbach, Leo John, 322 N. Charles St.
Goldberg, Harry, 2210 Eutaw Place.
Goldman, Harris, 1816 W. North Ave.
Goldsborough, Charles R., University Hospital.
Goldsmith, Harry, Bay View Hospital.
Goldstein, A. E., 330 N. Charles St.
Gorsuch, Harry Kepler, 117 W. Saratoga St.
Gorsuch, H. Standley, 2900 St. Paul St.
Grant, H. C., 1207 Poplar Grove St.
Green, R. J., 120½ Aisquith St.
Greenbaum, Harry S., 1614 Eutaw Place.
Grove, George H., 1102 N. Charles St.
Habliston, Charles Carroll, 37 W. Preston St.
Hachtel, Frank W., 122 W. Lafayette Ave.
Hall, Elmer G., 1617 E. North Ave.
Hall, William S., 32 Gunther Bldg.
Halsted, William Stewart, 1201 Eutaw Place.
Hamburger, Louis P., 1207 Eutaw Place.
Hamman, Louis, 1107 St. Paul St.
Harlan, Herbert, 516 Cathedral St.
Harris, H. T., 323 E. North Ave.
Harrison, Archibald C., 31 E. North Ave.
Hartman, George A., 2214 Mayfield Ave.
Hawkins, J. F., 1 E. Randall St.
Hayward, Eugene H., 23 W. Franklin St.
Hazard, Elmer C., 109 W. Lee St.

Hazelhurst, Franklin, Jr., 904 N. Charles St.

Heck, John J., 936 E. Monument St.

Helfgott, Nathan J., 119 S. Broadway.

Heller, George, 1917 Gough St.

Hemmeter, George W., 800 Harlem Ave.

Hemmeter, John C., 914 N. Charles St.

Hempel, John Frederick, 3310 W. North Ave.

Hennessy, J. Tyrell, 22 N. Carey St.

Henning, E. H., 2000 Hollins St.

Herring, Arthur P., 330 N. Charles St.

Herzog, B. Philip, 1305 N. Patterson Park Ave.

Hesser, Fred. E., 1301 N. Patterson Park Ave.

Heuer, George J., 6 E. Read St.

Hillis, Frank N., 2838 Edmondson Ave.

Hirschman, I. I., 2522 Madison Ave.

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Hobson, W. W., 931 Munsey Bldg.

Hobelmann, Frederick William, 1908 W. Baltimore St.

Hodge, Mary, 2635 St. Paul St.

Hoffman, C. W., 2100 W. North Ave.

Hoffman, O. H., 3203 W. North Ave.

Hogan, J. F., Health Department.

Holland, Joseph W., 1624 Linden Ave.

Holmes, Jas. B., 28 E. Mt. Vernon Place.

Homer, Harry L., 1011 N. Charles St.

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Hoopes, Fannie E., 1307 N. Charles St.

Hopkinson, B. Merrill, 330 N. Charles St.

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Houff, John, 1843 W. Baltimore St.

Howard, Wm. T., 1122 N. Calvert St.

Howland, John, 20 E. Eager St.

Hoyt, Ralph L., 26 E. Preston St.

Huff, Wheeler O., 2819 E. Monunent St.

Hundley, John Mason, 1009 Cathedral St.

Hunner, Guy Le Roy, 2305 St. Paul St.

Hurd, Henry Mills, 1023 St. Paul St.

Hurdon, Elizabeth.

Hutchins, Amos F., 2217 St. Paul St.

Hutchins, Elliot H., 2217 St. Paul St.

Hyde, Harry C., 1100 E. North Ave.

Iglehart, James Davidson, 211 W. Lanvale St.

Iglehart, Nathan E. B., 1008 Cathedral St.

Ingram, W. H., 2439 N. Charles St.

Jacobs, Henry Barton, 11 W. Mt. Vernon Place.

Janney, Francis W., 405 N. Charles St.

Janney, O. Edward, 825 Newington Ave.

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Kelley, Bernard V., 100 N. Linwood Ave.

Kelly, Howard Atwood, 1418 Eutaw Pl.

Kelly, Vernon F., 405 Falls Road.

Kemler, J. I., 1908 Eutaw Place.

Kemp, Charles P., 2507 N. Calvert St.

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King, John H., 1100 N. Charles St.

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King, John Theodore, Jr., 1400 Eutaw Place

Kirby, Francis Joseph, 110 E. North Ave.

Kirk, Robert S., 3126 Harford Ave.

Kloman, E. H., 44 W. Biddle St.

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Knipp, Harry Edward, 1002 W. Lanvale St.
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 Kolseth, Harry L., 814 W. North Ave.
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 Martin, Frank, 1000 Cathedral St.
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 Maxson, Charles Walter, 827 N. Charles St.
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 Mayer, Erwin E., 2438 Eutaw Place.
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 Meyer, Adolf, 101 Edgevale Road, Roland Park.
 Meyer, C. H., 2628 E. Baltimore St.
 Micheau, Ellis, 528 N. Gilmor St.
 Michelson, R. A., 1420 E. Baltimore St.
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 Mitchell, Robert L., 2112 Maryland Ave.
 Mitnick, Jacob H., 424 N. Greene St.

Moore, J. E., 315 Professional Building.
 Morgan, Edward A., 1322 Harlem Ave.
 Morgan, Wilbur Phelps, 315 W. Monument St.
 Morrison, T. H., 1528 Eutaw Place.
 Mortimer, Egbert Laird, 530 N. Fulton Ave.
 Moss, Wm. L., Harvard Medical School, Boston, Mass.
 Murgatroyd, George W., 401 E. 25th St.
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 Norment, Richard Baxter, 3543 Chestnut Ave.
 Norris, Amanda T., 1925 Linden Ave.
 Norwood, Vernon Lee, 939 W. Fayette St.
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 Novak, Emil, 26 E. Preston St.
 O'Donovan, Charles, 5 E. Read St.
 Ohle, Henry Charles, 1203 W. Fayette St.
 Oliver, John Rathborn, The Latrobe.
 O'Mara, John T., 804 Cathedral St.
 O'Neill, J. E., 2508 N. Charles St.
 O'Neill, Martin A., 108 N. Fulton Ave.
 Onnen, John G., Fairmount Ave., and Potomac St.
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 Pearce, Wm. H., 2105 N. Charles St.
 Pels, Isaac R., 1011 N. Charles St.
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 Perry, William Brinton, 1 W. Biddle St.
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 Phillips, T. H., 1701 Hollins St.
 Pierson, J. W., 1107 St. Paul St.
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 Pleasants, Jacob Hall, 201 Longwood Road, Roland Park.
 Plummer, Edward, 539 N. Fulton Ave.
 Pole, Armenius C., 2034 Madison Ave.
 Pollack, Flora, 1112 N. Eutaw St.
 Potter, J. S. H., 508 E. North Ave.
 Poultan, J. Emory, 654 Columbia Ave.
 Pound, John C., 904 N. Charles St.
 Powers, F. J., 921 N. Charles St.
 Prentiss, H. G., 634 Gorsuch Ave.
 Price, R. W., 3126 Guilford Ave.
 Pushkin, Benjamin, 1503 E. Baltimore St.
 Queen, William G., Garrison Ave. and Edgerton Rd.
 Raskin, Moses, 2038 Eutaw Place.
 Reckard, Hiram Leslie, 3100 Abell Ave.
 Reeder, J. Dawson, 30 E. Preston St.
 Rehberger, John H., 1709 Aliceanna St.
 Reifsneider, Charles A., University Hospital
 Reik, A. J. Nilson, 1202 N. Charles St.
 Reinhard, F. O. W., 1400 Linden Ave.
 Reinhardt, George H., 2623 N. Calvert St.
 Requardt, Wm. Whitall, 805 Park Ave.
 Rettaliata, Anthony L., 1038 N. Broadway.
 Reynolds, Roy R., South Baltimore General Hospital.
 Richards, C. W. V., 3905 Edmondson Ave.
 Richardson, Edward H., 1200 N. Charles St.
 Richardson, L. A., 112 W. 25th St.

Ridgely, Irwin O., Mercy Hospital.
Ridgely, James L., 4500 Maine Ave.
Riely, Compton, 2025 N. Charles St.
Ries, A. Ferdinand, 24 S. Broadway.
Riland, Chester, 2532 Edmondson Ave.
Riley, R. H., State Department of Health, Cumberland, Md.
Riley, William T., 1639 Broadway.
Robertson, J. Clagett, 2129 E. Baltimore St.
Robinson, Isaac P., 330 N. Charles St.
Robinson, John Henry, 212 E. Preston St.
Rogers, Harry L., 1303 Maryland Ave.
Rohrer, Caleb W. G., 22 Ailsa Ave.
Rosenheim, Sylvan, 1710 Linden Ave.
Rosenthal, Lewis Jay, 1622 Linden Ave.
Rosenthal, Melvin Samuel, 1222 Madison Ave.
Rosett, Joshua, 3404 W. North Ave.
Rothholz, Alma S., 2108 Bolton St.
Rowland, James M. H., 1204 Madison Ave.
Ruhräh, John, 11 E. Chase St.
Russell, Elijah J., 156 N. Milton Ave.
Russell, William Wood, 1208 Eutaw Pl.
Rutledge, Harry A., 1631 E. North Ave.
Rysanek, William J., 801 N. Kenwood Ave.
Rytina, Anton George, 330 N. Charles St.
Sadtler, Charles E., 1415 Linden Ave.
Samuels, Abraham, 1928 Eutaw Pl.
Sanderson, John W., 1714 N. Caroline St.
Sandrock, Edgar Poe, 1601 N. Broadway.
Sanger, Frank Dyer, 525 N. Charles St.
Savage, Moses M., 1729 Madison Ave.
Schaefer, C. A., 53 S. Fulton Ave.
Schaefer, Otto, 1105 Madison Ave.
Schaefer, T. A., 2505 W. Baltimore St.
Schapiro, Abraham, 2029 W. North Ave.
Schapiro, William B., 4209 Grovela Ave.
Schimmel, M. S., 3101 Garrison Ave.
Schmitz, William J., 701 N. Kenwood Ave.
Schoenrich, Herbert, 1134 Linden Ave.
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Schwatka, J. B., 822 W. North Ave.
Seegar, John King B. E., 3711 Liberty Heights Ave.
Seem, Ralph B., Johns Hopkins Hospital.
Seidel, Herman, 1931 E. Pratt St.
Seligman, Joseph Albert, 1920 Linden Ave.
Sellman, R. O., 1823 Ruxton Ave.
Sellman, Wm. Alfred Belt, 5 E. Biddle St.
Settle, George M., 2435 Maryland Ave.
Shannon, George Conkle, 700 N. Fulton Ave.
Shelly, Albert, 3849 Roland Ave.
Shemwell, Joseph F., 2226 Madison Ave.
Sherwood, Mary, 1320 N. Charles St.
Shipley, Arthur Marriott, 1827 Eutaw Place.
Shull, John D., The Guilford.
Simon, Charles Edmund, 1734 Linden Ave.
Sindler, Joseph, 201 S. Broadway.
Singewald, Albert G., 1503 E. North Ave.
Singewald, Edward M., 5 N. Washington St.
Sisco, Henry N., 1315 N. Charles St.
Sisco, P. S. Bourdeau, 1315 N. Charles St.
Skilling, Wm. K., 4107 Liberty Heights Ave.
Skladowsky, John A., 638 Columbia Ave.
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Smith, C. Urban, 817 Park Ave.
Smith, D. C. Wharton, 2nd, 17 Midvale Road, Roland Park.
Smith, Edward A., 1605 W. North Ave.
Smith, E. P., 27 W. Franklin St.
Smith, Frank Robert, 1126 Cathedral St.
Smith, Henry Lee, 2701 N. Calvert St.
Smith, Joseph Tait, The Cecil, Eutaw St.
Smith, William Henry, 3435 Chestnut Ave.
Smith, Wm. S., 109 W. Lee St.
Smith, Winford H., Johns Hopkins Hospital.
Sorensen, A. C., 1319 Charles St.
Sowers, W. F., 2300 Edmondson Ave.
Sparck, Joseph, 1904 Linden Ave.
Spear, Irving, 915 N. Charles St.
Spencer, Lewis C., 1100 N. Charles St.
Sprunt, T. P., 1035 N. Calvert St.

Steenken, C. D., 3949 Greenmount Ave.
Stein, Harry M., University Hospital.
Steindler, L. F., 1203 W. North Ave.
Sterling, E. Blanche, 2448 Maryland Ave.
Steuart, Cecil Calvert, 2207 St. Paul St.
Stevens, Thomas F. A., 2866 Harford Road.
Stewart, George A., 2427 Madison Ave.
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Stifler, William C., 1319 Light St.
Stokes, William Royal, 1639 N. Calvert St.
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Strauss, George Alvin, Jr., 1935 W. North Ave.
Street, D. Corbin, 712 Park Ave.
Streett, Sidney H., 405 N. Charles St.
Stickler, H. J., Jr., 632 Gorsuch Ave.
Strobel, Edgar Randolph, 330 N. Charles St.
Szuwalski, S. J., 722 S. Ann St.
Talbot, Thos. J., The Marlborough Apts.
Taneyhill, Geo. Lane, 405 N. Charles St.
Tapman, Bertha E., 2733 Greenmount Ave.
Tappan, Benjamin, 1102 N. Charles St.
Tarun, William, 605 Park Ave.
Taylor, Robert Tunstall, 2006 Maryland Ave.
Thayer, William Sydney, Johns Hopkins Hospital.
Theobald, Samuel, 970 Howard St.
Thomas, Henry Briscoe, 1007 Cathedral St.
Thomas, Henry M., 1228 Madison Ave.
Thomas, J. W., 1228 N. Caroline St.
Thorkelson, Jacob, Daly Bank Bldg., Anaconda, Mont.
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Ulman, Soloman Jay, 1808 Eutaw Place.
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Van Williams, Virano, 601 N. Carrollton Ave.
Vassalli, J. B., 525 N. Fulton Ave.
Vest, Cecil W., The Winona.
Vinop, Frederick H., 1302 W. Lombard St.
Vogelein, Mary Fussell, 1028 Valley St.
Vogler, G. C. E., Harford and Gibbons Aves.
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Watson, William Topping, 2128 St. Paul St.
Wegefarth, Arthur, 2031 Eutaw Place.
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Welch, William Henry, 807 St. Paul St.
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White, Walter Walton, Jr., 2800 St. Paul St.
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Wiegand, William Edward, 222 Roland Ave.
Wilkins, George Lawson, 6 N. Broadway.
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Williams, Dudley, Edmondson Ave. and
Elsinor Ave.

Williams, John Whitridge, 1128 Cathed-
ral St.

Willis, Mary Cook, 810 Hanover St

Willock, J. Scott, 801 Falls Road Terrace,
Roland Park.

Wilson, Gordon, 4 E. Preston St.

Wilson, Karl M., 1212 Eutaw Place.

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Wolman, Samuel, 2407 Madison Ave.

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Woods, A. C., 842 Park Ave.

Woods, Hiram, 842 Park Ave.

Worthington, Thomas Chew, 1022 Madi-
son Ave.

Young, Hugh Hampton, Johns Hopkins
Hospital.

Zepp, Herbert Elmo, 3050 W. North Ave.

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Information connected with Medical Examinations and licensure by addressing Secretary, J. McP. Scott, Hagerstown, Md

Regular Examinations—Examinations are held in Baltimore. Third Tuesday in June for four consecutive days. Second Tuesday in December for four consecutive days.

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Component Societies of the Faculty, with a list of their officers and times of meeting

NOTE.—*Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies*

BALTIMORE CITY MEDICAL SOCIETY, President, HARVEY B. STONE, Vice-President, E. A. LOOPER; Secretary, FRANK S. LYNN; Treasurer, CHAS. EMIL BRACK; Censors, J. M. HUNDLEY, GUY L. HUNNER, R. WINSLOW; Delegates, E. NOVAK, F. R. SMITH, N. E. B. IOLEHART, H. JONES, E. H. HUTCHINS, E. R. OWINOS. W. A. FISHER, S. McCLEARY, L. HAMMAN, G. W. MITCHELL, H. E. PETERMAN, SECTION OF CLINICAL MEDICINE AND SURGERY. First and Third Fridays, 8.30 P.M., October to May. Chairman, J. STAIOE DAVIS, M.D.; Secretary, E. B. FREEMAN, M.D.

SECTION OF DERMATOLOGY. Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PEELS, M.D.

SECTION OF GYNECOLOGY AND OBSTETRICS. Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNOLOGY. Fourth Fridays monthly, 8.30 P.M. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.

SECTION OF MEDICAL EXAMINERS. Third Fridays in November and March. Chairman, J. D. IOLEHART, M.D.; Secretary, W. E. MAORUDER, M.D.

SECTION OF NEUROLOGY. Second Friday, monthly. Chairman, C. M. BYRNES, M.D.; Secretary, D. D. V. STUART, M.D.

SECTION OF OPHTHALMOLOGY AND OTOLOGY. Third Wednesdays. Chairman, E. A. KNORR, JR., Secretary, E. A. LOOPER.

ALLEGANT COUNTY MEDICAL SOCIETY. President, G. O. SHARRETT, Cumberland; Secretary, H. V. Deming; Treasurer, F. G. COWHERD, Cumberland, Md.; Delegate, A. H. HAWKINS. Second Wednesdays of January, April, July and October; annual meeting in January.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY. President, J. O. PURVIS, Annapolis, Md.; Secretary, F. E. WEITZMAN, Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, L. B. HENKEL. Second Tuesday of January, April, July and October.

BALTIMORE COUNTY MEDICAL SOCIETY. President, J. W. HARRISON, Middle River, Md.; Secretary-Treasurer, G. S. M. KIEFFER, Morrell Park, Md.; Delegates, H. L. NAYLOR, J. S. BOWEN, Mt. Washington, Md. Third Wednesdays, at 2 P.M.

CALVERT COUNTY MEDICAL SOCIETY. President, W. H. MARSH, Solomon's, Md.; Secretary-Treasurer, J. W. LEITCH, Huntingtown, Md.; Delegate, P. BRAISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.

CAROLINE COUNTY MEDICAL SOCIETY. President, S. S. STONE, Ridgely, Md.; Secretary-Treasurer, J. R. DOWNES, Preston, Md.; Delegate, J. C. MADARA, Ridgeley, Md.

CARROLL COUNTY MEDICAL SOCIETY. President, D. B. SPRECHER, Sykesville, Md.; Secretary-Treasurer, H. M. FITZHUGH, Westminster, Md.; Delegate, M. D. NORRIS. April, July, October, December; annual meeting in October.

CECIL COUNTY MEDICAL SOCIETY. President, V. H. McKNIGHT, North East, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, G. H. RICHARDS. Thursdays at Elkton, April, July, October, January; annual meeting in April.

CHARLES COUNTY MEDICAL SOCIETY. No active organization.

DORCHESTER COUNTY MEDICAL SOCIETY. President, F. H. Nichols, E. Newmarket, Md.; Secretary-Treasurer, E. E. WOLFF, Cambridge, Md.; Delegate, JOHN MACE, Cambridge, Md. Meetings first Tuesday in June and December.

FREDERICK COUNTY MEDICAL SOCIETY. President, H. P. FAHRNEY, Frederick, Md.; Secretary, J. M. GOODMAN, Frederick, Md.; Treasurer, E. L. BOWLES, Middletown, Md.; Delegate, I. J. McCURDY. January, April, August and November.

HARFORD COUNTY MEDICAL SOCIETY. President, P. F. SAPPINOTON, Belair, Md.; Secretary-Treasurer, DR. CHARLES BAGLEY, Bagley, Md.; Delegate, W. S. ARCHER, Second Wednesdays in January, March, May, July, September and November.

HOWARD COUNTY MEDICAL SOCIETY. President, F. E. SHIPLEY, Savage, Md.; Secretary-Treasurer, W. C. STONE, Ellicott City, Md.; Delegate, W. R. WHITE, Meetings (quarterly) first Tuesdays in January, April, July and October.

KENT COUNTY MEDICAL SOCIETY. President, H. G. SIMPERS, Chestertown, Md.; Secretary-Treasurer, F. B. HINES, Chestertown, Md.; Delegate, F. B. HINES.

MONTGOMERY COUNTY MEDICAL SOCIETY. President, J. W. CHAPPEL, Grant Road, N.W., Tenley, D. C.; Secretary-Treasurer, J. W. BIRD, Sandy Spring, Md.; Delegate, UPTON NOURSE. First Tuesdays in April, July and December.

PRINCE GEORGE'S COUNTY MEDICAL SOCIETY. President H. B. McDONNELL, College Park, Md.; Secretary, R. A. BENNETT, Riverdale, Md.; Treasurer, W. ALLEN GRIFITH, Berwyn, Md.; Delegate, H. B. McDONNELL. Second Saturday of January, April, July, October.

QUEEN ANNE'S COUNTY MEDICAL SOCIETY. President, W. W. BOWEN, Price, Md.; Secretary-Treasurer, H. F. MCPHERSON, Centerville, Md.; Delegate, W. H. FISHER. ST. MARY'S COUNTY. No active organization.

SOMERSET COUNTY MEDICAL SOCIETY. President, G. C. COULBOURNE, Marion Station, Md.; Secretary-Treasurer, H. M. LANKFORD, Princess Anne, Md.; Delegate, G. T. ATKINSON, First Tuesday in April at Crisfield; first Tuesday in October at Princess Anne.

TALBOT COUNTY MEDICAL SOCIETY. President, J. H. HOPE, St. Michael's, Md.; Secretary-Treasurer, J. A. ROSS, Trappe, Md.; Delegate, P. L. TRAVERS. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

WASHINGTON COUNTY MEDICAL SOCIETY. President, J. W. HUMRICHOUSE, Hagerstown, Md.; Secretary, W. D. CAMPBELL, Hagerstown, Md.; Treasurer, J. E. PIRENOGLE, Hagerstown, Md.; Delegate, VICTOR D. MILLER, Second Thursday.

WICOMICO COUNTY MEDICAL SOCIETY. President, J. M. ELDERDICE, Mardella Springs; Secretary and Treasurer, S. N. PILCHARD, Salisbury, Md.; Delegate, G. W. TODD.

WORCESTER COUNTY MEDICAL SOCIETY. President, PAUL JONES, Snow Hill, Md.; Secretary and Treasurer, R. LEE HALL, Pocomoke City, Md.; Delegate, PAUL JONES, Snow Hill, Md.

